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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### WHOOPING-COUGH COMPLICATED WITH CEREBRAL EFFUSION AND PARALYSIS.

BY T. CURTIS SMITH, M. D.,  
Of Aurora, Ind.

The following case of whooping-cough with supervening cerebral trouble and the consequences of it may be of a little interest. Florence K., at nearly five, a fleshy, hearty, robust-looking child, had been subject to wheezing and cough for three years past whenever severe cold affected her. At other times she was free from it. At least once she had suffered from pneumonia. Other than this, her history showed fairly good health.

On July 6, 1883, was called to see her at six p. m. Found her with a history of whooping-cough of five weeks' standing, and that, for twenty-four hours she had been stupid, sleeping all the time except when actively aroused, that she could not talk, except to utter the one word "mamma," and would now and then scream out, appear confused, and of wild expression. Her bowels had been moved freely by sulphate of magnesia ordered the previous day. The urine was scant, skin hot and dry to the touch, the actual temperature was subnormal, 96°, taken in a fold of the neck that completely enveloped the bulb of the thermometer. The tongue was loaded with a thick yellow coating, with a few papillæ projecting through this coating, edges very red, tongue very thick, and protruded with difficulty. There was difficulty in swallowing, though she could swallow a little water or milk when thoroughly aroused. The pupils were quite largely dilated,

with complete failure to respond to light. The right arm seemed to be used less than the left. This was on Friday night.

On Saturday morning the same symptoms prevailed, with the additional distinct presence of paralysis of the right arm, right side of face and tongue, inability to speak, vision very defective, head constantly rolling from side to side, tongue pointing markedly to the right side when protruded. The eyes stand open much of the time, lids not paralyzed, pupils dilated. The paroxysms of coughing are frequent and very severe, with some distinct whooping. The expectoration is quite free, and of thick muco-purulent matter. This runs from the mouth and nose during the paroxysms of coughing, as she is held face partially downwards, to prevent strangling. I should have stated that there have been abundant, loud, coarse mucous rales all over both lungs from the first, especially over the left. These continued throughout the case, slowly clearing away at times, but only partially until the last. The left lung seemed most involved. The child had drank a little milk and a little water. Bowels had moved very freely, urine rather scant, concentrated, and not frequently passed.

On Sunday morning symptoms all aggravated, child utterly insensible, tongue very thick, breath fetid, vision gone, partial inability to swallow, paralysis of right arm complete, and partial of right leg, pulse intermittent, coughing about the same, face and lips quite livid, respiration jerky, spasmodic.

On Friday she had been given a free mercurial purge, followed by fluid extract of ergot, gts. iv., with iodide of potassium, grs. iii. every two hours.

The skin was bathed in warm water, and stimulant washes applied to the extremities.

On Saturday there was a rise in temperature to 99.5. This, or about this temperature, continued throughout, from this date until convalescence was established. The ergot and iodide of potassium were continued over Saturday and Sunday, and every six hours minute doses ( $\frac{1}{4}$  gr.) of hydrg. proto-iodid., were given. The bowels were open freely all the time; urine scant.

On Sunday there was some moisture of skin.

On Sunday morning blisters were applied all along the spine. These filled well, and immediate partial relief followed their use.

On Monday there was a great amelioration of all the grave symptoms, and improvement gradually continued up to Thursday following. The only change of treatment during this time was the addition of small doses of carbonate of ammonia to aid expectoration and allay the spasmodic cough, and a lengthened interval for the ergot and iodide of potassium.

On Thursday the ergot and iodide of potassium were left off; other remedies continued. Her food had regularly been milk and beef-broth, and occasionally a little grated cracker in it. By these she had been regularly sustained from the first. Her mind is clear, and no signs of paralysis or fever; loud coarse mucous rales all over both lungs continued.

On Thursday evening there was a full recurrence of all the grave symptoms, the only marked difference being that now the left arm was affected instead of the right, and there was an increase of the loud mucous rales, with less expectoration; respiration irregular, spasmodic; pulse feeble, remittent; face somewhat livid; breathing tending to be sterterous. A free mercurial purge was again given, the blisters to spine reapplied, and extended to cover the whole nape, to the hair.

Friday. Symptoms continued in all particulars the same, except there is slight improvement in respiration, and slight disappearance of the lividity of the countenance; pupils dilated and immovable.

Saturday, symptoms same. A consultation had been requested, and Dr. A. B. Haines was called in. He confirmed my opinion as to the nature of the difficulty and the treatment required, as well as to the probable result. The small doses of the mercurial were continued. Also the ammonia and potassium bromide added. The use of compound solution of iodine over the chest was also added to former treatment.

From this date to the following Tuesday there

was little change, except increased restlessness on Monday, seemingly caused by pain at some point in the abdomen, but could not discern just where it was.

On Tuesday, the twelfth day of her severe illness, there was a normal temperature, with a little general amelioration of all grave symptoms, and ability to say a word or two. Can see, perhaps, where the light is, but does not discern objects. There is slight ptalism, and the mercury is stopped. Other treatment continued. In the evening there was still further improvement, but greatly increased restlessness. There is a partial return of appetite. Calls for food.

Wednesday. Improvement well marked in every respect, with a demanding appetite. There is less cough and looser expectoration. Vision evidently improving; movements of left hand and arm not normal, but decidedly better; utters her words distinctly, though but few of them; has a confused expression, and now and then a very silly, idiotic laugh; ideation evidently not very clear yet.

From this date the improvement was steady in all respects, unto complete recovery.

In this case we had almost no hope of recovery, and gave an unfavorable opinion as to the termination. Happily, our prognosis failed in its fulfillment.

The case was complicated in that it had (a) whooping-cough, severe; (b) chronic broncho-pneumonia, (c) effusion, first of the left cerebral base, then of the right, causing (d) first right, and then left paralysis, failure of vision, unconsciousness, inability to speak, and for a short time, inability to swallow; spasmodic respiration, and quite complete general insensibility of the surface, these symptoms lasting for five days at each time of its coming, yet followed by recovery.

It is not claimed that great skill in her treatment brought her through. Indeed, the line of treatment was not as clearly indicated as I would have been glad to see it; but the case recovered, and we are glad to so report it.

It may be noted that when ptalism came on, the grave symptoms gradually gave way. Whether this was merely coincident may be questionable. It corresponds very closely with the experience of many of the older writers, as to the power of mercury over some forms of inflammatory disease of the brain or its meninges. The free alvine discharges, caused by its use, no doubt acted well as a derivative, and by keeping the secretions free—points worthy of note in any serious disease.

## DOES THE MATERIA MEDICA AFFORD AN UNOBJECTIONABLE LAXATIVE REMEDY?

BY F. C. HERZ, M. D.,  
S. W. Hospital, Philadelphia, Pa.

(Continued from page 428.)

In this class of cases—which is large—like in almost every other variety of constipation, a complex condition of things forms the basis of the disorder. Though we designate the condition atony of the bowels, we thereby only express the effect of a chain of morbid processes which involves, perhaps, altered function in many of the important organs of digestion. Disordered glandular secretion, whether from congestion or too little blood, whether from nervous or mechanical influence, accompanies almost every case of habitual constipation. It has been abundantly proven in the experience of others that cascara is a certain remedy for these conditions, and in my own experience this claim has been shown to be well-founded. It is obvious, too, that an agent which will correct these conditions will exercise a wholesome influence over the functions of digestion. In the order of sequence intestinal torpidity often follows disorders of digestion, and *vice versa*; but in either case cascara cordial will always be found a valuable remedy. This gives it prominence as an anti-dyspeptic remedy. In the treatment of gastric catarrh (so-called dyspepsia), when in combination with other appropriate remedies, it exercises a most beneficial influence. It had been my practice in these cases to prescribe something like the following:

- R. Sodii bicarb.,
- Tr. nucis vom.,
- Tr. rhei,
- Infus. gent. comp.,

with frequent good results. Recently I have substituted for the rhubarb and gentian, cascara cordial, and I have reason for self-congratulation over the change. Cascara cordial meets the double indication of rhubarb and gentian in a manner more satisfactory than the agents themselves, as the tonic-astringent and resin-bearing principles of cascara sagrada in the highest degree impart tone and vital force to the alimentary canal, while at the same time nutrition is improved, and all the forces of the economy invigorated. This can easily be demonstrated by experimentation upon one's self—as I have done frequently. Its action is so gently stimulating that it becomes almost grateful in its effect. Not only as a remedy for constipation—especially chronic—is it serviceable; but it is invaluable as a vehicle for the administration of other and less palatable drugs. Many officinal

preparations are used almost exclusively for such a purpose. The compound liquorice mixture, the aromatic elixir of liquorice, the compound syrup of sarsaparilla, etc., etc., are pleasant and agreeable adjuvants for the administration of many remedies, but not one of them is worthy to hold a place by the side of cascara cordial. It is more agreeable in flavor than any of the preparations mentioned, and has such decided medicinal qualities of its own that I do not much doubt it will, in time, largely supplant them in this use. I cannot now name a disease in which cascara cordial would be contra-indicated. On the other hand, its salutary action on the gastro-intestinal secretions in morbid conditions of whatever character, its healthful action in promoting digestion, stimulating absorption, and improving nutrition generally, marks it for great favor at the hands of the medical profession. In consideration of these properties, I employ it more frequently now as a diluent and vehicle than any other preparation. Its laxative property is no objection (at least I have not found it so) to these uses of the cordial. It must be given with discretion. I usually make the dose a half drachm three times daily. This will be found to exercise no undue action upon the bowels, but to maintain them in a gently soluble state. For purposes of catharsis, I administer it usually in two-drachm doses in the evening. This produces only agreeable action. I have never found it in a single case to produce griping when it was given in reasonable doses. I have myself been subjected to some griping pain from its use in very heroic doses as a matter of experiment, but this is not its normal action.

Only to-day I saw a small volume written by Dr. Joseph F. Edwards, under the title "Constipation Plainly Treated and Relieved Without the Use of Drugs." As intimated before in this paper, it is possible to do this; but the victims of constipation will not make the sacrifices necessary to that end, and in order that they may be saved from the deleterious effects of rasping, grinding, tearing, drastic drugs, it is of paramount importance that the medical profession should endeavor to supplant their use with such a remedy as cascara cordial. It is well known that the careless employment of energetic cathartics will often produce, as a secondary result, retardation of blood in the hemorrhoidal veins, and ultimately piles. Cascara cordial will relieve this condition; indeed, it is useful in the treatment of hemorrhoids. It is unequalled in the chronic forms of constipation which so often afflict chlorotic or dyspeptic females, and also in those women who are given

to sedentary habits and have sluggish constitutions. In every condition of chronic constipation (barring of course those cases which arise from obstruction) it will be found serviceable.

In one patient afflicted with cardiac dilatation, and subject to attacks of angina, I found it superior to any other agent employed, and these were numerous. The slightest torpidity in the bowels at once aggravated the symptoms of the case, especially the head symptoms, and it became imperative to maintain the intestinal functions in steady action. The only medicine which gave complete satisfaction was cascara cordial. Next to it was a pill composed of compound powder of jalap and blue mass. I gave the cordial in two-teaspoonful doses once daily in the evening at bedtime. This produced a free evacuation the following morning.

I have now under treatment a case of hepatic cirrhosis in which there is or has been obstinate constipation. For its relief, I administer cascara cordial. In pregnant women and in lying-in women it is a splendid remedy. I should think that obstetricians would gladly give it a prominent place in their medicine-chests. It is sought for by this class of patients when they are aware of its existence. When a very prompt action is demanded, cascara must give place to something more energetic. A favorite pill with me for the purpose of prompt catharsis is the following:

R. Ol. Tigillii,	gtt. ss.
Elaterin,	gr. $\frac{1}{4}$ .
Atropia sulph.,	gr. $\frac{3}{50}$ .

This will often produce a free discharge within one hour. It is clear that its indication could not be met with cascara cordial. Except where these potent remedies are required, cascara will meet, I believe, every indication. Comprising in its composition an ingredient which is said to be a very valuable tonic and alterative agent, it derives virtue from this fact, and commends itself for consideration.

I have not used *Beberis Aquifolium*, and only know of its properties by published reports, but these would seem sufficient to entitle it to some regard. Assuming that it has the medicinal virtues ascribed to it, it certainly must enhance the therapeutic properties of cascara cordial, in which it forms an ingredient. The carminative aromatics which enter into its composition also exercise a healthful influence upon the processes of digestion. If I were asked to name another preparation equally effective and palatable, I should answer that it does not exist. The physician can assuredly be content with cascara cordial, as its medicinal uses and varied utility and elegance of composition mark it for great favor.

#### SOME PRACTICAL APPLICATIONS OF THE PRINCIPLE OF COMPRESSION.

BY WILLIAM S. WAUGH, M. D.,  
Professor of the Practice of Medicine, etc., in the Medico-Chirurgical College of Philadelphia.

Some time since I had a very difficult case of pelvic cellulitis following an operation upon the uterus. The whole pelvic roof was occupied by a mass of indurated tissue, "as hard as a board," which fixed the uterus firmly on all sides, and extended above the pubis to the umbilicus.

The usual methods of treatment were used, including rest in bed, hot vaginal douches, glycerine, tampons, iodine, poultices, and kneading the abdomen with the fingers dipped in hot camphor liniment. The latter procedure had a marked effect upon the induration above the pubis; the others failed completely. Injections of hot water per rectum gave the only relief to the severe attacks of pain. But after eleven weeks the pelvic induration was practically unimproved. Her health began to suffer from confinement, and she could no longer be induced to remain in bed.

On examining her by the rectum, I had discovered an annular stricture, which reduced the calibre of the gut so that it would not admit the tip of the finger. This had existed long before the attack of cellulitis.

I commenced dilating this stricture with hard-rubber bougies, introducing one each second day, and leaving it in position for half an hour. A large mass of the cellulitis induration lay between the uterus and rectum, and upon this mass the bougie pressed with considerable force. In a few days the mass began to soften at the spot which was compressed by the bougie; resolution set in here, extended to the other portions, and in a short time scarcely a trace of the cellulitis remained.

The second case was also one of pelvic cellulitis, but without the complication of rectal stricture. Early in the case I introduced a bougie into the rectum; but the pain from pressure upon the sensitive mass was too great to be borne, and I was compelled to desist.

Later, when all acute symptoms had subsided, and, as in the first case, the mass seemed disposed to remain, the bougies were resorted to with complete success. As before, resolution commenced at the point impinged upon by the bougies, and spread through the entire mass.

I have now under treatment by the same method a case of enlarged prostate, which already shows gratifying improvement, and where I hope for comparative success.

Every one who has treated pelvic cellulitis knows how suddenly resolution sometimes occurs with no appreciable cause, and how quickly it runs on to completion. But the well-known power of compression in causing absorption, and the fact that resolution in both cases began at the point where the pressure was greatest, warrants me in claiming that the treatment really set the process of resolution in operation.

#### ALARMING TRAUMATIC HEMORRHAGE FROM THE URETHRA.

BY A. L. WITTKAMP, M. D.,  
Of Philadelphia.

I was recently called to attend P. W., age 38, married, and a butcher by trade, whom I found prostrated from loss of blood and pain, resulting from a kick he had received in the perineum, immediately behind the scrotum.

The testicles were, on examination, found to be very sore and swollen. The scrotal covering of the right testicle was badly bruised. The pain extended along the track of the seminal cords into the back, and sickness of the stomach and anorexia prevailed. He had received the kick from a man with whom he got into an altercation the day previous, and the hemorrhage set in immediately thereafter. It was very profuse, as the cloths he applied had to be changed very frequently. Whilst lying on his back the flow of blood was somewhat lessened, but as he would arise, the flow increased. In the effort to micturate he experienced much suffering, and twice in the first twenty-four hours after injury was received, he could not void his urine. I ordered him to have perfect rest in bed, applied cooling lotions externally, composed of lead-water and laudanum, and ordered him injections of the following prescription into the urethra:

R. Acid tannici,	gr. xl.
Liq. plumb. subacet. dil.,	f. $\frac{2}{3}$ iss.
Vin. opii,	f. $\frac{2}{3}$ ss.

M. et Sig.—*For injection, two teaspoonfuls every three hours.*

On the following day the hemorrhage was entirely arrested, but instead suppuration had now set in, caused by the sloughing and granulation of the bruised mucous membrane of the urethra, causing a good flow of healthy-looking pus from the meatus.

I then ordered him the same injection with an addition of ten drops of the glycerite of carbolic acid to the two-ounce mixture. I now introduced a solid bougie of No. 17 of the English scale, and

found it, to my great satisfaction, to meet with no impediment excepting that it caused him some pain when passing over the seat of injury, and passing into the bladder with perfect freedom—as I expected from induration and cicatrical contraction to have a traumatic organic stricture to give some trouble in a case of this severity. What I wish to note in reference to this case is the remarkable absence of any detailed description in most of the text-books on surgery.

117 Green St.

#### HOSPITAL REPORTS.

##### CLINICAL LECTURE DELIVERED AT THE BELLEVUE HOSPITAL MEDICAL COLLEGE.

BY DR. LEWIS A. SAYRE,

Professor of Orthopaedic Surgery to the College.

[Reported by EDWARD DEVELIN, M. D.]

##### Rotary Lateral Curvature of the Spine.

GENTLEMEN: To-day I would specially invite your attention to the deformity known as rotary lateral curvature of the spine.

The first case that I now present to you is that of a young woman suffering from this deformity. This is simply the result of an irregular action of the muscles of the back; the etiology of this disease, however, I shall discuss in my didactic lectures.

You will here observe that the patient now suspending herself, the curvature is in a great measure removed; as she draws herself up, she reaches to her fullest height, leaving the toes upon the ground, and now retains herself in that position by firmly grasping a ball fixed in the cord at that point. A close-fitting knitted shirt being applied before coming here, is secured over the shoulders by bands, and fastened down between the legs with a safety-pin, pads having been placed over the mammae, under the shirt, to secure ample room for respiration, and to prevent pressure upon the glands: we are now ready to apply the plaster of Paris bandages.

These bandages consist of strips of crinoline three inches wide and about three yards in length, the meshes of the fabric having been well filled with finely-ground plaster of Paris. Each roll of bandage (as required) is now dipped in water sufficiently deep to completely cover it when standing upon its end; allowing it to remain until all air has escaped, which indicates that the bandage is thoroughly saturated, we now press out all surplus water, and wind it around the body, commencing at the waist, and with each turn of the bandage cover two-thirds of the previous one applied, and so progress downward until we have gone over the crest of the ilia; I now, as you observe, reverse the bandage, and pass it around the body, gradually passing upward in a precisely similar manner; my assistant carefully rubbing in each layer

to the one previously applied, until we have secured a sufficient thickness to support the weight of the body; this varying in thickness according to the size of the patient.

Now, this being lateral curvature, I do not put a pad under the jacket over the abdomen, as we do in treating Pott's disease, neither do we require to keep the jacket upon the patient in its solid condition, as in Pott's disease. The jacket being now complete, and the patient still keeping herself in the suspended position, we now take a sharp curved knife and cut the jacket down in front, in the median line, including the shirt, as you observe; this we now remove from the patient, passing a roller bandage around the jacket to draw it together and keep it in shape until it becomes perfectly dry. When dry, it is again placed upon the patient and then carefully trimmed under the arms to give free motion, and at the thigh to allow flexion of the limbs; a small portion is also trimmed out from the line cut in the centre of the jacket, to allow of it being laced closer as the figure of the patient improves. The jacket is then sent to the instrument-maker, a band of leather is sewn to each cut edge on the anterior portion, and in which are inserted hooks so that it can be laced like a corset; the shirt being twice as long as the jacket, having been previously reversed and sewn at the top, all surplus material being cut off.

Here (showing jacket to class) is a plaster-of-Paris jacket which this patient has been wearing, and which was applied by a surgeon in the northern part of this State; its weight is six pounds, (the jacket which you have just seen applied will not weigh more than two pounds when dry). After having worn this for six months just as it was applied, it was then cut down, and, as you observe, holes have been drilled through on either side by which it was laced upon the patient; to lace this jacket upon the patient in a proper manner was an impossibility, as the cord will bind to the jacket on being drawn through these holes; whereas, with the simple hooks I have described, the jacket can be quickly and accurately applied.

I have here a jacket which is made in Philadelphia, and which is composed of leather; this I removed from a patient who came to my office the other day, and upon whom I applied the plaster jacket in its place. This jacket, as you observe, is made of leather, and perforated in spaces of one inch apart. A plaster of Paris jacket is applied to the body of the patient while in the suspended position, and this being removed, a cast is taken of the same, and the leather being moistened is then moulded to the cast. When dry it is painted, and is then ready for application, being laced in the same manner as the plaster jacket.

Now, as a matter of course, this jacket itself being impervious to the air, and rendered still more so by the addition of the paint, the heat and perspiration of the body is retained, there being only these small holes in the jacket through which all vapor from the body can pass off.

Now, compare the number of these holes in the jacket with the pores in the skin, and you will at once observe how detrimental to the general health of the patient it must be, if worn for any length of time.

Compare this with the plaster-of-Paris jacket, which is porous over the whole surface, and freely admits of the passage of air to the skin. In order to test this, close both ends of a plaster jacket, leaving a small opening, into which you insert a pipe; then fill the jacket with smoke, and you will at once see the smoke issuing from the substance of the jacket from the entire surface.

Another point it is well to call your attention to: This girl received this jacket from the *instrument-maker*, and it was then applied without the aid or personal supervision of her attending surgeon. This is a piece of gross neglect, as the surgeon should in all cases attend the first application of the jacket; the duty of the instrument-maker is to make the instruments only, and the professional man is to apply them. Such neglect is what brings many a useful instrument or device into discredit. This leather jacket was given to the patient, and was applied to the body without her being placed in the suspended position; and yet the mould for the jacket was taken while the patient was suspended. How then are you able to place the jacket in the required position without suspension? Gentlemen, it is an impossibility, and must of necessity be a source of discomfort instead of a relief to the patient.

Now this patient with this leather jacket applied could only expire 54 inches, and the next day, with the plaster-of-Paris jacket properly applied, she could expire 91 inches as measured by the same spirometer.

In the first instance she was a pale, worn-looking woman, but the moment oxygen was admitted freely to the lungs, the cheeks assumed a healthy hue.

Such, gentlemen, are a few points in connection with the application of the plaster jacket, and I specially warn you against the same error, and remember that in lateral curvature the patient draws herself up and secures the necessary extension of the vertebral column, whereas in Pott's disease, spondylitis, there are slings under the arm as well as the head, and the patient is suspended by the surgeon.

**Case 2.** This boy here presented to you is also suffering from rotary lateral curvature. He has been treated by one of our most distinguished surgeons, who applied the plaster-of-Paris jacket in such a manner as to produce an excoriation over the ilia. Failing to secure any satisfactory results, he has now sent him to this city to see, if some other means can be adopted for the relief of this deformity. I had a precisely similar case sent to me from Crown Point, N. Y., some time ago.

Now in this case before you the jacket had been applied with the boy suspended with supports under the arms, the patient not drawing himself up. This is just where the mistake has been made; in lateral curvature the leathern collar is passed around the neck only; there is no support under the arms, as I desire the free action of the latissimus dorsi, teres major, and pectoralis muscles; the patient then draws himself up easily, and at the same time the trunk assumes the best possible position for the application of the jacket. The treatment in lateral curvature is exercise, gymnastics, self-suspension, etc. We desire to equalize the action of the muscles, and to teach

the patient to keep himself straight; the only object of the plaster jacket is to keep him in that position we secure by extension; therefore, always apply the jacket when the patient is in the suspended position.

During the ensuing week I shall require this boy to take gymnastic exercise, and at the end of that time the plaster jacket will be applied.

(Patient, one week after, again brought before the class.)

This lateral curvature will give you, perhaps, more difficulty than any other department in this branch of surgery; there has been a marvelous field of speculation here for the instrument-maker. I here show you some instruments—the principle being with these, to push the side over and pry up the scapula, being secured with straps over the shoulders and around the pelvis; after the removal of such an instrument, this felt jacket, which I show you, is to be worn—but it is exceedingly deleterious, as it prevents free perspiration, and is apt to be broken down even in ordinary exercise.

If this deformity be once started, it rapidly progresses unless the child is trained to correct herself in assuming injurious positions; it is frequently brought about by the habits of the child herself, as, for instance, a habit of assuming one particular position when standing or sitting, and hence you have an unequal action of the muscles of the trunk, which in time become contracted; in this condition you may then have a rotary movement of the body, giving us the rotary lateral curvature. You will never find this deformity in those persons who are accustomed to carry a load upon the head, as the body is then carried perfectly erect, equal action of the muscles being secured.

The treatment consists in exercising the muscles in the proper direction, and to improve the habits of the patient, which have brought about this deformity. We shall now direct this boy how to train and develop these contracted muscles until he can equalize their action, and thus maintain the body in the erect position, providing the bones of the vertebrae have not been absorbed at that point upon which the unequal pressure has been made, and the ribs have not become permanently bent at their angles. If you commence your treatment before any change in the bony structure has taken place, you will rarely fail to effect a complete cure; if, however, you have neglected the treatment until the bony structures have become changed, a perfect cure is never obtained.

We will now measure the height of this boy previous to applying the plaster-of-Paris jacket, and we find it to be four feet, ten inches.

(The patient now suspended himself, and the plaster jacket was applied.)

We will now again measure the height of the patient; and now we find it to be four feet, eleven and one-sixteenth inches, showing an increase in height of one and one-sixteenth inches.

The plaster jacket is absolutely necessary in the treatment of Pott's disease, but it is necessary only in lateral curvature to retain the parts in the improved position which self-suspension gives; therefore do not understand me to say that the plaster jacket is necessary for the cure of lateral curvature; it is the gymnastics which are to effect the cure.

Every morning the patient should suspend himself while the jacket is put on. The jacket is made to fit the patient while suspended, and must therefore be applied in this position; commence to lace it in the centre, then pass down, and back again to the top of the jacket. As a matter of course, everything that invigorates the system is an essential element in the treatment of this deformity; remember, however, that exercise is not to be carried to the extent of exhaustion.

Young ladies at school should have a proper chair to sit upon, with a rack in front for the book, and if necessary a block of wood can be inserted under the legs of the chair at one side, in order to compel them to bring these contracted muscles into play, in order to retain their balance.

I here show you the spine of a man who was afflicted with lateral curvature; he was brought to me for Pott's disease, having an issue put in the back to relieve the disease. I insisted, however, that it was lateral curvature only. The patient dying soon after, I was fortunate enough to secure this specimen. You will here notice that all of the bodies of the vertebrae are normal in form, except these three, which are pressed together upon one side, the cartilage upon the opposite side being widely apart; you will also note that the bodies have rotated until the dorsal vertebrae are looking at a right angle, and the cervical and lumbar are looking forward, while the ribs at the point of curvature are overlapping each other (see figure).



There was undoubtedly a period when this deformity was so slight that judicious treatment would have entirely removed the difficulty.

#### NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAFER.

Reported by W. H. SEELYE, A. M., M. D.

#### Polio-Myelitis.

The examination of the first patient by a student brought out the following points:

Patient's age is thirty-four. Is a bartender. His father died at the age of sixty-two, but had

previously been healthy. His mother died of erysipelas at the age of fifty-nine. He has two brothers and one sister living, and in good health. He has always been well, but in 1861 he had erysipelas on the sides and back of his neck. Has not had syphilis, nor gonorrhœa. His present illness began four weeks ago. He had been drinking during the day, but had felt no sickness. That night he felt dizzy and giddy, but did not lose consciousness. The next morning he could not get up because of weakness, and especially from loss of power in his legs.

The objective examination showed that there was more or less loss of power in certain groups of muscles, mostly in the lower extremities. This was especially marked in the quadriceps extensor group and in the tibialis anticus of the left side, and slightly marked in the muscles which flex the leg, and in the extensors of the toes. The reflex excitability of the sole of the left foot was slightly less than that of the right. There was no marked diminution of sensibility. There was some loss of the tendon reflex, and suddenly bending the knee caused considerable pain in the thigh. There was not much loss of power in the upper extremities, though there was some feebleness in the grasp. Sensibility was normal.

Gentlemen, to localize the groups of muscles which are affected in these cases, it is important to test them with the faradaic current, and observe the difference in the degree to which the different muscles respond to this stimulation. In this man's case the affected muscles did not respond at all to the faradaic current, but they did to the constant current with twelve or fourteen cells. This showed decided loss of power in certain groups of muscles. The symptoms thus far brought out have been sufficient to attract your attention to a distinct point in the body as the probable seat of the lesion, and this is the spinal cord. So it is now important that you should call to mind the functions of the spinal cord, and the kinds of lesions which may interfere with the passage of nervous force from it to the limbs and neighboring organs. We learn that this man has had no paralysis of the bladder, nor loss of control over the bowels; there has been no loss of tissue, nor bed sores, nor eruptions, and his symptoms have been steadily improving from the start. None of these things are characteristic of myelitis, nor of a deep-seated lesion in the spinal cord, nor of the pressure caused by a gummy tumor.

I will say that this is not a common disease in the adult, and for many years it has passed unrecognized; so it would hardly be expected that you could make a correct diagnosis of it. But you have all doubtless heard of infantile paralysis, a disease which manifests itself suddenly by a high fever and convulsions, and is followed by loss of power in one or both lower extremities, or in one arm, or in an arm and leg on the same side, or in other definite groups of muscles. A frequent result of this paralysis is some form of talipes, and it is usually of the equinus variety, caused by loss of power in the flexor muscles of the foot, and the consequent contraction of the extensors. Now, we get in the adult just this same disease as in the child, which results in paralysis of certain muscles, and then improvement to a certain point, and in certain groups, but not in others, and

finally atrophy of the affected muscles. The lesion is located in both cases in the motor cells of the anterior horns of gray matter, and in certain groups of these cells, and is thus peculiarly localized and remains so for a long period. The characteristic feature in the adult is that it usually comes on after some pronounced constitutional disturbance, with sudden fever, followed by loss of power, and then rapid but partial improvement. This improvement generally begins in three or four days, and progresses in certain groups of muscles for four or five weeks; but permanent atrophy of other groups generally follows. This is the usual history of acute spinal paralysis in the adult, or, as it is sometimes called, poliomyelitis, or inflammation of the gray matter of the spinal cord. Another very characteristic feature of this disease is the complete loss of response to the faradaic current in the affected muscles. They have no faradic contractility, and they only respond to a strong constant current.

This patient is now under treatment which is expected to reduce the congestion in the cord. For this he is taking large doses of ergot. And his muscles are daily galvanized so as to keep up their nutrition, and in hopes that their power will return, so that there will be but little permanent paralysis. The early recognition and treatment of this disease is very important.

## MEDICAL SOCIETIES.

### OBSTETRICAL SOCIETY OF PHILADELPHIA.

Stated meeting, Thursday, September 6, 1883.  
The President, R. A. Cleemann, M. D., in the chair.

Dr. William T. Taylor read the report of a case of

#### Face Presentation, with Eclampsia.

Face presentations are somewhat rare. Dr. Churchill, some years ago, in recording the statistics found that in British practice they occurred once in 292 cases; in the French practice, once in 275; and in German practice, once in 130 cases. In my own practice I have met with about one dozen, and as the last one was combined with eclampsia, I will report it to the Society.

During utero-gestation, my patient enjoyed very good health, having no headache, no swollen limbs nor bloated features, no vertigo nor dimness of vision. There was no deficiency of urine, and therefore I did not examine it for albumen. Her appetite was fair, her bowels regular, and she took a moderate degree of exercise; so that I had no reason to expect any trouble when labor began.

On May 14, 1883, I was summoned at 6 a. m. to visit Mrs. C. Haley, aged twenty-three years, primipara, who was in the first stage of labor, having had a sleep since midnight. On examination, I found the os very slightly dilated, with the pains "few and far between," and the face of the child presenting, with the chin toward the sacrum. The nurse informed me that the patient had not slept during the night, and was very nervous and irritable. Her skin was moist, her pulse normal, and she had urinated frequently.

I gave her a mixture containing hydrate of

chloral, bromide of potassium, and valerianate of ammonia to compose her, and went home for my breakfast intending to return in a few hours.

At eight o'clock, the husband came to my office and told me that his wife had "had a fit and could not keep the medicine down." I arrived at the house at 8.30 a. m., and sent immediately for some powdered hydrate of chloral and an injection apparatus. The patient had had two convulsions, which were ushered in by complainings of her head, her face being very red, and her head drawn to one side, with the features much distorted. The first convolution occurred when the nurse was about to give the first dose of the medicine. Directly after my arrival, a third convolution occurred and lasted for a minute or more, her head being violently drawn to the right side, with jerking of her arms and legs.

I dissolved one drachm of the hydrate of chloral in about four ounces of water, and threw it into the rectum. The fit yielded immediately. As she was unconscious, I had an excellent opportunity of examining her. The os was dilated to the size of a quarter dollar, and soft, so that it yielded gradually to the pressure of my fingers, when I discovered the face presentation, with the chin toward the left sacro-iliac junction. I endeavored to push the chin toward the breast so as to bring down the occiput in the second position of Baudouque. This I found somewhat difficult, but as the os dilated under the pressure of my fingers, I reached the occiput, and after several attempts, succeeded in bringing it down to a favorable position, the one aforesaid. My patient by this time was becoming restless and uncontrollable, and fearing another convolution, I again gave her an injection of chloral, which quieted her. Having placed her on her back, and brought her to the edge of the bed, her limbs being supported by the nurse and a neighbor woman, the forceps were easily applied, and the head brought down below the inferior strait. I removed the instruments when the head pressed against the perineum, allowing nature to finish the delivery. The child, a boy, was still, the cord being pulseless. In fact, I was apprised of this whilst endeavoring to dilate the os with my fingers, for a significant tremor had passed through the body of the child, assuring me of its death. The placenta was removed quite easily.

During all this time my patient was unconscious, and had no return of convolution from the time I gave her the first injection of chloral.

As her pulse was good and her respiration easy, I applied a binder, and having placed her in a comfortable position, left her sleeping. On my return at 5 p. m., she was restless and slightly feverish; but after taking a few doses of chloral and valerian, she was quieted to sleep. On the next morning, May 15, she was perfectly conscious; pulse 80, temperature 99°, and respiration normal. She had urinated freely, and with the exception of some slight soreness over the abdomen, was very comfortable. She inquired for the babe, knowing from her condition that it had been born; but the preceding twenty-four hours were, to her, a perfect blank. From this time she had no further trouble, and soon recovered. This case certainly showed the beneficial effect of injections of hydrate of chloral in controlling

puerperal convulsions when they are of a nervous form.

Dr. Albert H. Smith remarked that face presentations and puerperal convulsions presented a large field for discussion. Dr. Taylor was very fortunate to be able to bring down the occiput and keep it so until the forceps could be applied. In this operation a man needs three hands, one to hold the head while the others manipulate the instrument. The mechanism of a primary face presentation, as reported in this case, is difficult to understand. It may occur secondarily from obliquity of the uterus, and a sudden, free gush of waters, causing a sudden engagement of the head before flexion could be secured. In such cases it is very difficult to secure and maintain flexion until the forceps can be applied. In the majority of cases of face presentation, even with the chin posterior, nature is best able to terminate the case satisfactorily. It is to this class that the aphorism "meddlesome midwifery is bad" is most applicable. The natural forces work slowly, and the neck of the child becomes accustomed to the extreme extension which it has to undergo; while it is very bad to bring, by means of the forceps or otherwise, a sudden strain on the vertebrae and other tissues of the neck by too rapid forcing of the chin into violent extension. The consequence of the hasty proceeding is a still-born child. The only ground for interference is an alarming condition of the child's pulse. If the child's heart is beginning to fail, we must take the risk and give it the benefit of the chance. The child's head cannot be born in face presentation until the chin has engaged under the pubis. The old teaching was that the chin posterior could not be born, but he was very early undeceived on this point, one of his earliest cases having been of this character. He had sent for his preceptor to come and bring perforating instruments, but while awaiting their arrival, nature proved equal to the task; rotation occurred spontaneously, and a living child was born.

Dr. B. F. Baer inquired if version by the feet would not be much preferable to waiting for nature to deliver in chin posterior positions.

Dr. Smith did not mean that we should never interfere in a case of this kind, but that a large majority, if left to nature, would terminate spontaneously by anterior rotation of the chin, with safety to both mother and child. He would decidedly negative the proposition of version by the feet, because the amniotic sac having been necessarily ruptured by previous efforts to bring down the vertex, the waters would have been completely evacuated, the uterus would be in a condition of spasmodic contraction, and an attempt to turn would involve great danger of rupture of the uterus. The introduction of the hand always increases the risk of septic absorption. Two terrible risks against the mother while the child is exposed to all the dangers of head last delivery. He should consider chin posterior presentations natural labors, and should allow them to terminate spontaneously unless there was some complication demanding version.

Dr. J. G. Allen coincided with Dr. Smith in his conservative principles. The risks of version to the mother are great, too great to allow it to be performed for the sake of the child. The opera-

tion of version is not looked upon in as serious a light as it should be under all circumstances. In some instances it may be very easy, and may terminate well; but in others, apparently similar in conditions, the results to the mothers are bad. He would not lose one mother to save ten children. He would never resort to version unless the labor was impossible under other measures. Even after it is skillfully performed, the child is often still. The increased risk to the mother is followed by no corresponding gain in safety to the child.

Dr. R. P. Harris thinks the ideas of Dr. Smith are the same as held by most eminent obstetricians, and agrees with their practice as expressed to him in private correspondence.

Dr. Baer was willing to be taught. The views expressed this evening did not harmonize with the teaching of even the present day in Philadelphia. He had been taught that version would be proper if the case was diagnosed early, and the operation could be performed before the waters were evacuated, and it seemed to him that the rational thing under such circumstances would be to turn. It was entirely a new light to him to consider chin posterior cases as easy natural labors. He had been taught to look upon them as impossible, and that rotation never took place, the forces in action not being great enough to compel it. His own recent experience had led him to doubt this dictum; with one blade of the forceps used as a vectis he had without difficulty secured anterior rotation. His idea of the impossibility of rotation under the circumstances made him doubt the correctness of his diagnosis of the position, but the principles put forth this evening reassured him. May the death of the child, causing relaxation, be the cause of the face presentation?

Dr. Allen does not expect others to accept his opinion, but in his denunciation of turning he alludes to the complete transposition of one extremity of the fetal ellipse for the other, and does not include the changing of one part of the head for another, but in the first class the poor chance of saving the child will not compensate for the increased danger to the mother.

Dr. Smith does not consider chin posterior an easy natural labor. On the contrary, it is the most difficult of natural labors. The chin strikes upon the posterior inclined planes, and is rotated to an anterior position, in which it engages under the arch of the pubis exactly as the vertex would. In multiparous nature is able to accomplish this result, but in primiparous assistance in rotation may be required, and even traction may become necessary. In contrasting the dangers incident to version by the feet, and those involved in trusting to nature in this condition when the waters have been discharged, as they necessarily have, in the attempt to bring down the vertex, which will be first tried, we must remember that the child will be tightly grasped by the uterus, and that it must be twisted upon its long axis as well as turned, to bring the nape of the neck under the arch of the pubis, and that this procedure will greatly enhance the danger to both mother and child.

Dr. Taylor, in closing the discussion, remarked that the death of the child occurred after it was fully engaged, and was not a factor in causing the face presentation. When he made his diagnosis of position the head was high up, and the child being small, he had no difficulty in bringing down the vertex.

W. H. H. GITHENS, M. D.,  
Secretary.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Case of Basilysis.

In the Section of Obstetric Medicine at the annual meeting of the British Medical Association, 1883, Dr. J. Halliday Croom described a case where this operation was found necessary, which we take from the *Brit. Med. Jour.*

Among the recent improvements in operative midwifery, the operation of Basilysis, as a means of communiting the fetal basin crani, deserves to occupy a prominent place. Devised by Dr. A. R. Simpson, some years ago, and carried out by him in practice, it has, in my opinion, quite fulfilled the expectations he formed of it. I gladly take an opportunity of a recent case, which occurred under my care in the Maternity Hospital, to bring this operation under the notice of the Section. The case was as follows:

S. W., a primipara, aged 26, was sent to the Maternity Hospital on the forenoon of Sunday.

At the time of her admission she was well advanced in the second stage of labor; the mem-

brane had ruptured early in the morning, and a loop of the cord had prolapsed in advance of the head. I saw her shortly after admission, and found the condition as described; and further found, on abdominal palpation, a very prominent uterine tumor; the head at the brim, but unengaged, and back to the left. There were no foetal heart-sounds to be heard.

On vaginal examination, the head was presenting, the membranes ruptured, and a loop of cord prolapsed and pulseless. The occiput was to the left, and the sagittal suture transverse. The conjugata vera diameter, gauged by the diagonalis, measured slightly less than two and a quarter inches. The pelvis was a distinct rickety one. The indications, therefore, for reducing the head were obvious. This I did with the basilyst in the following way: With the assistance of Dr. Barbour, the head was steadied thoroughly at the brim, and the basilyst introduced at the most centrally presenting part of the right parietal bone. The cranial vault was easily pierced, and the instrument pressed down through the cerebral substance to the base of the skull. While Dr. Bar-

hour kept the head perfectly steady, I screwed the basilst home into the base, and, closing the handle, easily effected separation of it. The head immediately collapsed, and was pushed by Dr. Barbour through the brim, with slight aid on my part with the crotchet. Indeed, the use of the crotchet was almost unnecessary, as, after the collapsed head was well pushed into the brim, its extraction was mainly accomplished by the hands per vaginam aided by suprapubic pressure.

On examination of the head after birth, it was found that the basilst had entered the right parietal bone, and then passed down to the basi-occipital, just behind the foramen magnum, and the base was found to be splintered both laterally and anteroposteriorly. The disintegration of the base of the skull was remarkably complete, as the recent preparation which I now exhibit shows; and the great diminution in the bulk of the head is obvious from the fact that suprapubic pressure was of itself sufficient, with but little aid from the crotchet, to push the head through the brim.

*Remarks.*—The introduction and working of the instrument are simple enough, but there is one point which, in a former case, offered some difficulty; namely, the doubt, after the basilst has pierced the vault, as to whether it goes directly to the base. This is more apparent than real, for, if the head be well steadied, and its position distinctly made out, there can be but little risk in pushing the instrument straight on in the proper axis. Of course, in cases of extreme flexion, it will be easier to strike the centre of the base than in a case of flat pelvis, where marked Naegele obliquity is combined with extension.

This is illustrated in the case I have just recorded, where the basi-occipital bone was struck instead of the sphenoid; but, as the case shows, the result was none the less satisfactory. In any case, the risk of missing the base is very slight. It has been urged against this method of commination and delivery, that some instrument for extraction in addition to the basilst is required. First of all, let me point out that, in the case in point, with a head perforated at the occiput, and with a two inches and a quarter brim, supra-pubic pressure was almost enough to effect delivery, and secondly, it must be kept in view that a second perforation of the base can always be performed when necessary, reducing the whole head to a veritable pulp, and allowing it to pass through the pelvis with the aid of the hands and suprapubic pressure alone. It has therefore, the advantage over cephalotripsy and other forms of embryulia, that delivery is accomplished without the application of any instrument external to the head.

#### Some Interesting Cases.

CYSTS IN CONNECTION WITH BOTH KIDNEYS OPENED AND DRAINED, AND A TUMOR OF THE RIGHT OVARY REMOVED, THE PATIENT REMAINING IN GOOD HEALTH.

Dr. J. Knowsley Thornton reports this case in the *Med. Times and Gaz.*, June 2, 1883:

E. M., a single woman, aged twenty-seven, was admitted into the Samaritan Hospital, in November, 1877, under the care of Mr. Spencer Wells. She had had a child born alive at full term when

she was only fifteen. When seventeen she had inflammation of both kidneys, and from that time had been failing in health, and had been unable to lie on her right side for fully a year. When admitted, she had a fluctuant tumor of considerable size in the right side of the abdomen, with a red, tender, and pointing swelling in the right loin behind this tumor. There was a smaller tumor in the left side of the abdomen, which occupied an exactly similar position to that in the right side, but did not distinctly fluctuate. There was nothing wrong with the urine and no trouble with bladder or kidneys, except pain across the loins and in the lower abdomen, which was not, however, constant. Menstruation was regular. The swelling in the right loin was freely incised by Mr. Wells under Listerian management, but nothing to account for its presence was found, and no communication appeared to exist between it and the kidney or ureter. It contained fluid very like that from an ovarian cyst, with an immense quantity of cholesterine. It was dressed antisepically and drained, and in six weeks the patient went home well, all trace of the cyst having disappeared. Six or eight weeks afterwards she had an attack of gout in both feet; then the wound opened, and a large discharge of fluid with much cholesterine took place, and the wound gradually healed up again. In January, 1880, she was readmitted under the author's care, with a tumor of the right ovary, for which he performed ovariotomy. While the abdomen was open, he examined the kidneys and ureters. The right kidney was large and sacculated, and its ureter was much enlarged, especially at the pelvic brim. The left kidney and ureter appeared quite normal. The recovery after the ovariotomy was rapid, but soon after getting up the swelling in the right loin reappeared, with fever, etc., and she was obliged to return to bed. It was poulticed antisepically until it broke, and then drained as before, and she left the hospital apparently well in three weeks from the time it burst, and about six weeks from the ovariotomy. In six weeks she returned with a swelling in the left iliac region in the situation of the left ureter; this was opened and drained antisepically, and again in about six weeks she went home well. Fifteen months later the wound in the right side again opened, and discharge went on for fourteen months without apparently affecting her health at all. It has now closed again for two months, and she is in excellent health. The left side has not given any further trouble.

In the same journal Mr. Reginald Harrison reports

A CASE OF NEPHRECTOMY FOR RUPTURE OF THE KIDNEY WHERE LATERAL CYSTOTOMY WAS ALSO SUBSEQUENTLY PERFORMED FOR THE RELIEF OF CYSTITIS CAUSED BY RETAINED BLOOD-CLOTS.

Relief followed the operation. Subsequently symptoms of acute cystitis again showed themselves. On the twenty first day after the injury, and four days after the nephrectomy, lateral cystotomy was performed, when fetid blood-clots were removed, and a free drain for the urine was established. Relief was afforded by the cystotomy, so far as the symptoms directly traceable to the bladder were concerned. The patient died on the for-

tieh day after the injury. The cause of death appears to have been due to pyelitis and circumscribed suppuration of the left kidney—effects probably traceable to an extension of the cystitis, which had been occasioned partly by the presence of decomposing clots, and partly by attacks of retention of urine.

Sir T. Spencer Wells reports a case of

**EXCISION OF AN ENLARGED CANCEROUS KIDNEY.**

The patient died on the fifth day. The author urged the importance of uniting, in all cases of nephrectomy by abdominal section, not only the divided peritoneal coat of the anterior abdominal wall, but also the divided peritoneal covering of the kidney. In this case he had been content with letting the two edges fall together, and he thought that blood or serum exuding from the tissues behind the peritoneum may have passed into the peritoneal cavity, or that some portion of intestine may have adhered there.

Dr. John Marshall reports

**A CASE OF TRAUMATIC SUPPURATING HÆMATOMA, CONNECTED WITH THE LEFT KIDNEY, TREATED BY FRACTURE AND DRAINAGE.**

The patient (a child) recovered.

**On Parturition in Old Primiparae.**

The Am. Jour. of Obstetrics for July, 1883, quoting from R. Rumple in *Arch. für Gynäk.*, xx. 1, says

The subject has recently received considerable attention by Cohnstein, Ahlfeld, Hecker, Krüger, and Winckel. Inasmuch as the conclusions reached by these observers have been lately controverted in a paper by Mangiagalli, the author has reinvestigated the matter, using in his research the material of the Marburg obstetric clinic.

From which year on shall a primipara be called old? R. sides with Cohnstein and Hecker in placing the turning-point at the thirtieth year. Whole number of labors, 3,155; of these 1,481 were primiparae, of whom 114 had passed the thirtieth year. The percentage of old primiparae, therefore, is 3.61 of all parturients, or 7.69 of all primiparae. These figures agree in the main with those of Hecker, but differ from those of Ahlfeld.

Of the 114 labors, only 100 could be used statistically; their ages were: 30-34, 78; 35-39, 13; 40-45, 9.

**Etiology.**—The number is probably small in which despite a normal condition of the genital organs coition did not take place or fruitful semen did not surround the cervix before the thirtieth year. A larger number probably is furnished by those in whom there existed some local trouble which prevented conception until removed by appropriate treatment. Still another group is formed by those in whom some unknown affection hindered conception. This seems to be indicated by the facts that some women conceive only after having practiced coition for years and without having undergone any treatment, and that we are able to prove deviations from the normal average conditions of menstruation. Hecker assumes a torpidity of the sexual life. It will be almost impossible to find a satisfactory explanation, and the hypothesis will have to suffice that menstrual anomalies probably have some etiological bearing. Narrowness of the pelvis (Cohn-

stein) is to be denied. Rigidity of the vagina, of the introitus, and of the lips of the os, as well as agglutination of the external os, are concomitant phenomena of advancing age, hence sequels rather than causes. Fibroids and sarcomata of the uterus are so rare that they may likewise be left out of the consideration.

R. is unable to add anything to our knowledge respecting the duration of pregnancy.

The labors of old primiparae are generally considered prognostically unfavorable for two reasons—inefficient labor pains and rigidity of the soft parts. The author's cases in general confirm these views. Frequency of perineal lacerations, 25.6 per cent. Abnormal presentations, 8 per cent (3 pelvic, 3 face and forehead, 2 transverse). All other before-mentioned observers likewise found an increased number of face presentations, and a theory is advanced to explain this circumstance through the rigidity of the os and the lower uterine segment, but no proof of it could be furnished.

In R.'s 100 cases operative interference was required as follows: the application of the forceps, 27 times; perforation, 4 times; version, once; Cesarean section, once; induction of premature labor once—34 per cent. Yet the number of contracted pelvis did not exceed the ordinary average.

The mortality was 8 per cent, and the morbidity 49 per cent—rather high figures. Seventeen per cent. of the children died either inter-partum or within two weeks thereafter. The weight of the children exceeded the average, as it did in Cohnstein's cases. Proportion of males to females, 121 : 100.

In summing up, R. confirms the results obtained by Ahlfeld, that two factors cause anomalies in the labors of old primiparae—inefficient labor pains, and rigidity of the soft parts. The former lengthens the course of labor and of the lying-in, and thus indirectly favors the disturbances usually following protracted labors. The latter increases the painfulness of the uterine contractions, causes frequent perineal lacerations, and perhaps favors the occurrence of face presentations. Mangiagalli's view, that malformations are found in greater proportion in old primiparae than ordinarily, and that thus alone the prognosis is rendered worse, finds no confirmation in the author's experience. The unfavorable factors are not constant, but change with the age of the mother.

**The Nature and Properties of Ptomaines.**

The Lancet, May 12, 1883, says:

The first part of an interesting memoir on the nature and properties of the ptomaines appears in the last number of the *Archives Italiennes de Biologie*. The term ptomaines is applied to certain substances endowed with highly poisonous properties, resulting from the putrefaction of the brain, blood, albuminoids, and other analogous organic substances. MM. Guareschi and A. Mosso, the authors of the essay in question, have endeavored to separate the several products of decomposition, and, having obtained them in a state of comparative purity, to determine their physiological action on the body. Before commencing their

experiments they thought it expedient to prove the purity of the reagents used—ether, ethyl alcohol, chloroform, and benzine—and their freedom from poisonous alkaloids. They operated on large quantities of these fluids—as much, for example, as fifty litres of alcohol—and satisfied themselves that in ordinary commercial alcohol there is a small quantity of a base which is either pyridine or some closely allied compound. Other investigators have demonstrated the presence of a mixture of substances belonging to the picoline series, and collidine has also been shown to be present. Amylic alcohol, in like manner, often contains pyridine, which may exist in it even in so high a proportion as one per cent, and which, being itself toxic, may lead to serious error.

The chloroform employed was found to be pure, but the benzine, like the alcohol, had to be freed from the pyridine it naturally contained. In these experiments, on putrefying brain the authors experimented with about seventy-four pounds of human brain substance, which was placed in a large glass receptacle, and put aside for one or two months at a temperature of about 50° F. The contents of the globe, reduced to a magma, had then an extremely unpleasant odor, and were treated with two volumes of purified alcohol acidulated with tartaric acid in a sand-bath, for several hours, at a temperature of about 140° F. An immense quantity (147 litres) of alcohol was then added, and the whole evaporated to dryness. Fats were removed from the residue by ether, and the remainder was again and again submitted to the action of ether, which was each time evaporated and re-collected. The fluid, now freed from fat, was extracted with alcohol, and this again was exposed to heat, and the volatile products received in hydrochloric acid. There remained in the retort a brown acid liquid, which was once more extracted with ether, and the reactions of this ethereal solution are given at considerable length. The principal substances obtained were ammonia, trimethylamine, and certain alkaloids or ptomaines, the last-named compounds being, however, too small in quantity to enable any analysis of their composition to be made.

The products of decomposing fibrin were next examined chemically, chloroform and tartaric acid being employed as extracting agents, and sufficient of the ptomaine was obtained to permit of an analysis, when it was found to have a composition represented in all probability by the formula  $C_{10}H_{13}N$ , a base which is isomeric with the tetrahydromethylquinoline of Jackson—a compound that has properties similar to those of the ptomaine obtained from putrefying fibrin. The results of their experiments on the physiological action of the ptomaine obtained from decomposed human brain may be summed up in the single statement that in its effects on frogs it resembles that of curara, though incomparably more feeble. Its action was not only feebler than that of curara, but was much more transient. In the case of the ptomaine obtained from putrefying fibrin, they ascertained that the chloroform extract of this ptomaine was much more powerful than the chlorhydrate, and in this instance also the general effects produced were comparable to that of curara.

#### Sea Sickness.

In the *Brit. Med. Jour.*, July 14, 1883, Dr. Ash observes: "I have an idea that the sympathetic nervous system is the culprit, for the following reasons:

"1. Flushing of the face is a common sign of the approach of nausea, and we all know that irritation of that nerve will cause this, as well as an extra secretion in a gland.

"2. There is an increase in the quantity of fluid ejected from the stomach after it has lain there for a short time. In my own case I frequently noticed, and I subsequently verified it in many others, that, if I took half a cup of beef-tea, and lay in the horizontal position for a time, so as to avoid vomiting, when I did again vomit, when the exhausted muscles had regained their tone and were ready for another attack, the quantity ejected was greatly in excess of that taken in. For instance, if four ounces had been drunk, about twenty ounces would be ejected, of a sour beef-tea liquid. Now, whence did the surplus come? That it was gastric juice, may, I think, be taken for granted; for, although I had not the means of chemically examining its component parts, it certainly partook outwardly of the character of that juice, inasmuch as it would dissolve meat and had an acid reaction, and it did not contain any special features that would lead to the supposition that it came from other gastric organs.

"Granting then that it was gastric juice, it follows that secretion, induced by the presence of the beef-tea, was in action, while the balancing power of absorption was held in abeyance. Now, if we follow this out we shall see that the sympathetic nerve-power was acting regularly; for secretion of gastric juice is governed in the follicles by the latter, while absorption of fluids direct by the veins which are governed by the former is held in abeyance, or, in other words, paralyzed. I do not say that it is so; I only throw these facts out for others to corroborate, or not, as the case may be. Whence could the increase in the quantity of fluid have come? It must have been taken in some way from the blood; and what so ready to do so as the gastric follicles, stimulated into action by the presence of the small quantity of beef-tea?

"Now as to remedies. If my observations be correct, any drug or remedy acting on the sympathetic nervous system would cure this tiresome complaint; ice to the spine may so act, as well as the remedies mentioned by Mr. Kendall, in a more direct way. The teaspoonful of Worcester sauce, which I have found useful, may owe its efficacy to the hot condiments contained therein, and I imagine it to be possible that they act through the sympathetic in the coats of the stomach. I know that the majority of the quack remedies for sea-sickness contain a mixture of nearly all the carminatives and condiments under the sun, with the hope that one out of the lot will hit; and they do hit, or rather temporarily relieve, as cayenne pepper and Worcester sauce will do. There is one mode of applying remedies that I should like to see tried by some one who would honestly take the matter in hand; and that is, the introduction of certain remedies by subcutaneous injection; for it necessarily follows that, if my idea be correct and absorption be held in abeyance in the stom-

ach, it is of little use to pour any medicine into that viscus when it is impossible to be taken up by the blood."

#### Galium Aparine as a Remedy for Chronic Ulcers.

The *Brit. Med. Jour.*, says that Dr. F. J. B. Quinlan, M. D., Dubl., F. K. Q. C. P., Physician to St. Vincent's Hospital, Dublin, has treated cases of chronic ulcer with great success, by means of poultices made from "Cleaver's" (*galium aparine*). Respecting a very bad case of senile ulcer, Dr. Quinlan writes: "We had now come nearly to the end of April, and our failure in this case was complete. It appeared to me that now was the time to try the galium aparine, which was beginning to peep out in all the hedgerows about Dublin. An ample supply for this and other less severe cases has since been kept up, and it has been used with the most marked success in the following manner: Grasping in the left hand a bundle of ten or twelve stalks, with a scissors held in the right hand, the bundle is cut into junks about half an inch long. These are thrown into a mortar, and pounded into a paste. This paste, which has an acrid taste and slightly acrid smell, is made up into a large poultice, applied to the ulcer, and secured with a bandage. It is renewed three times a day. Its action appears to be a slight steady stimulant, and powerful promoter of healthy granulation. Its effect in this most unhelpful case was decisive and plain to all. Healthy action ensued, and has since steadily continued; and, after a month of treatment, both ulcers have been reduced to considerably less than half their original size. If this action continue, which I have no reason to doubt, the cure will be accomplished within a measurable and short period. The patient is in the ward, and any one can see the great amount of new dermatization which has been effected during the month."

Dr. Quinlan was equally successful in several other cases. He continues:

"A difficulty at once suggested itself as to its general employment; viz., that in winter and spring it is not to be had at all. It appears to me that this difficulty can be effectually met by the method of ensilage, by means of which green food for cattle has for the last few years been kept perfectly sweet and fresh by burying it in silos under the ground. This plan is generally known, but all particulars about it can be learned in the pamphlet of Mr. Thomas Christy, F. L. S. (Christy & Co., 155 Fenchurch street, London, E. C.) In the case of the galium, the process would consist of cutting the herb very fine, ramming it down by screw-pressure into a glazed earthenware jar with an air-tight cover, and burying it in the ground. Thus secured from air, moisture, and heat, it would be likely to keep through the winter. One of my pupils, Mr. M. Pierce, has already laid it thus down, and will report the result to me. This plan, if successful, might be extended to other pharmaceutical herbs; for I have always had the idea that green herbs are more powerful than dried ones. Indeed, the late Mr. Donovan of this city used to maintain that, to make tincture of digitalis properly, the alcohol should be brought to where the foxglove was growing, and the live plant plunged into it."

#### Hypogastric Cystotomy as a Substitute for the Perineal Operations.

In *Revue de Chirurgie*, No. 9, 1883, Prof. L. Vileneuve publishes the following conclusions:

1. The hypogastric operation, which hitherto has been used only exceptionally, appears to be coming into more general, though not exclusive, use for the performance of cystotomy.

2. It should be performed with the newly perfected instruments made for it; ballonnement (ballooning the rectum by means of an air-ball), vesical injection, pushing back the peritoneal cul-de-sac, connected siphon-tubes, and antiseptic precautions and dressings.

3. Suture of the bladder should be discarded, but immediate union should always be attempted, which, if realized, shows the great superiority of the hypogastric operation.

4. The hypogastric operation is one of necessity in cases of large and encysted stones, intolent bladder, and impermeable or strictured urethra or vagina.

5. Especially is the operation to be recommended in old persons and adult men, and in those in which lithotripsy is not applicable, and which up to the present time have only been treated by the different perineal operations.

6. In male infants, it may be presumed that it is at least equally as good as the perineal operations. But the happy results obtained by these operations for a long time, render the indications of the high operation in these cases less pressing.

7. In female children, and females at the age of puberty, the hypogastric operation is the method of choice.

8. In married women, the question of choice between the hypogastric and vaginal operations is undecided.

9. An inflammatory affection of the uterus, marked deformity of the bladder on account of the deformity of the uterus, and notably cystocele, should lead one to adopt the high operation. In adult females the hypogastric operation should be preceded by dilatation of the urethra.

10. Constitutional and diathetic affections have no special indications in selecting the method of operation. The same holds good for lesions of various branches of the sympathetic plexus.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—The *Boston Journal of Chemistry*, conducted by Dr. J. R. Nichols, and Prof. Rolfe, of Cambridge, Mass., now entering upon its eighteenth year, is unique in its way, and its success is due to the fact that it condenses facts in science to reasonable limits, and presents them in an attractive, familiar way, so as to be readable and interesting. Recently the name *Popular Science News* has been added to the *Journal of Chemistry*, which will probably widen its present extended circulation. This journal is published monthly in Boston, and the price is only one dollar per year Austin P. Nichols & Co., Publishers, Boston.

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THE PRELIMINARY DUTIES OF THE ACCOUCHEUR.

A case was recently brought to our notice which we were very sorry to hear about, for it demonstrated that some of the best among us are at times derelict in our duty to our patients.

In the case in question, one of the most prominent of our physicians was engaged to attend a lady in her approaching confinement; he called upon her once, and upon making an examination of the urine, found it loaded with albumen; no special instructions were given, and time rolled on. Daily, for some time, the physician passed his patient's house, but he never "dropped in" to see "how she was coming along." After a while, the doctor went off on his summer vacation, and while he was gone his patient became very oedematous.

Her husband wanted to call in a neighboring physician, but the woman objected.

Finally, without further warning, (though, to our way of thinking, the prominent physician had warning enough to make him more attentive,) uræmic convulsions set in and the woman's life was despaired of.

The neighboring physician was called in, and after appropriate treatment, he wrote a statement of the case to the prominent doctor, and urged him to come home and take care of his patient. A reply was received endorsing the treatment, but saying that the prominent physician could not come home until his vacation was over, in about ten days.

The husband, who relates this case, added: "He was afraid to come home, lest he would come to a funeral; and if he had, I can assure you there would have been a second one." The woman was delivered of a dead fetus and recovered, though she still has albuminuria.

This prominent doctor clearly neglected his plain duty.

When a physician is engaged to attend a woman in confinement, it becomes a portion of his duty to visit her at once, and if he discovers anything that may have a tendency to complicate or render serious the approaching labor, he should visit her at intervals, that he may keep under control these untoward conditions.

It may occupy time and be inconvenient, but it is his bounden duty, nevertheless.

He must look into the hygienic surroundings of the pregnant woman, and advise where he finds them deficient; the drainage and the ventilation of the proposed lying-in room or house should be examined, and corrected if faulty. According to an interesting paper by Dr. Francis Minot in the *Boston Medical and Surgical Journal*, October 11, 1883: "The lying-in room should be large, if possible, should face the south, and should be provided with an open fire-place which will not smoke. It should not have a "set basin," or other convenience connected with a drain, and it should not communicate by a door with another room containing a water-closet, bath-tub, or set basin; or, if this be inevitable, paper should be pasted over all the edges of the door and key-hole, on both sides, and the door should be kept locked. If a room containing a set basin must be occupied by the patient, it is well to have the waste-pipe cut off, and the lower end sealed by the plumber, a pail being placed beneath the basin to receive the waste-water. An examination of the gas-fixtures should also be made to insure against the escape of illuminating gas into the room, a very frequent occurrence, not only in hotels and lodging houses, but also in private dwellings. The wall paper should also be inspected, and tested for arsenic, if need be. The room should be thoroughly swept and cleaned before the period of confinement, and all useless furniture be removed, as well as the numerous ornaments, books, work-baskets, etc., which are apt to encumber the tables and mantel-piece, to the inconvenience of the attendants of the patient. Ether and a sufficient supply of a solution of carbolic acid should be provided, as well as an abundance of towels, sheets, etc.

"Whenever the weather is so cool that the room is uncomfortable with an open window, a fire should be kept constantly burning in the fire-place during the period of lying-in. The fuel, if possible, should be wood or cannel-coal. Even in warm weather, if the ventilation of the room be

not satisfactory, it is well to have a kerosene lamp, or a portable gas-jet, connected by a flexible tube with a gas bracket, kept burning in the chimney. Except in very cold weather, a window should always be left open, at least sufficiently to allow some air to enter; in many cases it is enough to raise the lower sash a little, so as to admit a current above it."

This advice is all sound, and should be deeply engraven upon the mind of every accoucheur.

Until we heard of the case we have reported, we took it for granted that physicians were familiar with these self-evident duties; but when we learn that a prominent member of the profession is so ignorant or so negligent, we feel called upon to issue these few words of advice and warning to the rank and file.

#### WHY DO GERMS GERMINATE?

If the germination of germs is the cause of disease, as taught by the germ-theorists, it follows logically that if their germination can be prevented, disease can be held in check.

Since the introduction of the doctrine of germs, the only antagonistic researches that have been made have been in the direction of a germicide—something that would throttle the germ and rob it of its life, or at least of its mischief-making power. Now, it is a very familiar fact, that while a large number of persons may be exposed to the evil influences of some germ disease, but a portion of them will yield to its supremacy, while with the others the germ will produce no visible effect whatsoever.

With such infinitesimally small bodies as are the various germs, it seems but fair to infer that myriads of them must gain access to some portion of the body of every human being exposed to them; and indeed, it seems a wonder, when we realize how many millions and millions of these disease or diseased germs must exist in the universe, and remembering the laws of diffusion of gases, by which agency they must indeed be really omnipresent, if every human organism is not at all times infected with them. The major portion of the profession to-day give their adherence to

the germ-theory of disease, that disease is caused by the introduction and multiplication of disease germs in the body. If therefore this be so, why do we not all, at all times, have disease? for, to repeat, these germs are so universally present, that they must exist in the atmosphere we breathe, on the food we eat, and in the water we drink; how then can any of us escape their baneful influence? Let us look to the agricultural world for an explanation. Every farmer knows that the soil of his farm is not uniform throughout in its qualities; not only do the characteristics of each field vary, but in the same field will be found many different kinds of soil. He knows that one kind is adapted to the growth of some particular vegetable, another to a different kind, and so on; he knows that if he puts potatoes into soil suitable for cantaloupes, his crop will be poor, and *vice versa* and he can tell you why this is so; he knows the different kinds of soil suitable for the germination of the different kinds of vegetable germs. But when he has determined this point, it becomes necessary to prepare the ground in different ways for different crops; one manure or food is better for one crop, another for another; and if these necessary conditions are not brought about, his crops will prove comparative or total failures; the germs will not multiply, because the essentials to their birth, growth, and development are not present.

Is not the human body very similar to a farm, wherein are constantly taking place chemical changes, which produce either health or disease?

If disease-germs are introduced into a human farm, the soil of which is not adapted to their development, will they not die and produce no crop? while if the soil be suitable, will they not produce abundant crops of disease?

Is there anything unreasonable in this position?

But, unlike the farmer, the doctor is not yet prepared to say what these various necessary conditions are.

Dr. Formad has done some little in this line, in connection with the bacillus tuberculosis, for he has pointed out that a certain anatomical forma-

tion of the lymph-spaces is essential that they may germinate and produce a crop of tubercle. It seems that his labor is in the right direction. If we can find out what are the conditions necessary for the life, reproduction, and development of these disease-germs, we have accomplished the first important step towards an ability to so alter these conditions, that, like the cantaloupe, in clayey soil they cannot germinate, and will die without being able to afflict humanity.

To conclude, what we want to know is "Why do germs germinate?" When we have determined the various soils suitable for the life of the various germs, then can we study and investigate how to so alter and change this soil as to render it unfit to serve its evil purpose.

#### THE FOLLY OF ANTI-VACCINATORS.

How any intelligent man can deliberately oppose vaccination in the face of the abundant testimony of its efficacy is truly a hard problem to solve.

One of its most violent opponents in England was a certain William Scott, of Rotherhithe.

Recently small-pox broke out in his family, and carried off his wife and three children.

Regret for what might have been prevented, so preyed on this man's mind that he committed suicide.

When we realize what great publicity has been given to the *facts* concerning vaccination, we can hardly help but lay the deaths of this man's wife and children at his door.

Of course, no doubt, he was conscientious in his opposition to vaccination; but still, *facts* do not admit of argument, and it is almost impossible to conceive of any intelligent man finding sufficient evidence to warrant him in opposing this beneficial discovery.

This sad occurrence should be given all possible publicity, as a warning to other anti-vaccination agitators.

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—A successful resection of the pylorus for cancer was recently made by Professor Heinecke, of Erlangen.

## NOTES AND COMMENTS.

**Fracture of Humerus—Rupture and Ligature of Axillary Artery.**

A most instructive case is reported by Dr. George E. Fenwick in the *Brit. Med. Jour.*, September 29, 1883. The patient, a woman, was struck on the shoulder by a piece of falling timber. The humerus was fractured in its upper third, the upper fragment being drawn inward and lacerating the axillary artery. Below the seat of injury there was no pulsation, and the axillary space, shoulder, and pectoral region was tense and brawny, and full of effused blood, which was all the time increasing. The subclavian artery was compressed with the handle of a door-key where it passes over the first rib, and the axillary artery was cut down upon and tied above and below the laceration; the clots were turned out, the bones were set, and the wound cleaned with a warm solution of carbolic acid 1 to 40. In two months the woman left the hospital.

This was a case of unusual occurrence, and is of interest in illustration of the surgical principle of ligating a vessel at the point of injury. There are other conditions connected with the case which might render this line of practice objectionable, and to which exception might be taken, as the converting a simple into a compound fracture. The case was desperate, and one of two things had to be done; either ligate the vessel, and endeavor to save the arm, or practice amputation at the shoulder-joint.

The conversion of a simple into a compound fracture, always a serious injury, and to be avoided if possible, is less feared now, with the use of antiseptic means, which, in this instance, were fully carried out. A most interesting circumstance connected with this case was the accuracy with which he was enabled to ascertain the actual point of injury to the vessel by the use of the stethoscope; the humming of the artery could be distinctly made out to cease at a given point, opposite to which was an abraded portion of skin, and exactly at this point the wound in the vessel was found.

Another point of interest was the return of the radial pulse forty-five hours after ligation of the vessel.

**Complete Suppression of Urine, Lasting Fifty-three Hours, followed by Cystitis; Recovery.**

Mr. M. B. Shirley reports this case in the *Lancet*, August 25, 1883:

John —, aged fifty-eight, came to the casu-

alty-room at 10 a. m., on May 18, suffering from stricture of the urethra. He had suffered from stricture for the last twenty years, and had had it frequently dilated surgically. Lister's sounds, from No. 9 to No. 12, were passed, and the patient refusing to stay in the infirmary was allowed to go home. About 3 p. m. he was brought back, having had a rigor in the street.

On admission he complained of great pain in the lumbar region; temperature 102°: pulse quick and full. He was put to bed; brandy was given and warm bottles applied.

May 19, 8 p. m.: He has passed no urine since his admission. 20th, 10 a. m.: He has passed no urine, and is drowsy. Pulse slow and full; temperature 97°. His tongue brown and furred. The catheter drew off two ounces of almost pure blood. The bladder was washed out with a solution of carbolic acid 1 in 100. He was ordered quarter-grain doses of pilocarpine with half a drachm of sulphate of magnesia every three hours. Loins dry cupped. 8 p. m.: The patient perspired freely during the day; still no urine passed. The catheter drew off two ounces of urine, which deposited pus. The bladder was washed out. The patient is better. To continue the medicine. 21st, 10 a. m.: Passed a little urine; still perspiring profusely. Medicine to be continued. 22d, 10 a. m.: Has passed twenty ounces of urine during the last twenty-four hours, which deposited pus. The bladder was washed out with a weak solution of salicylic acid. The medicine stopped. 23d: Sixty ounces of urine passed. One ounce of infusion of buchu ordered three times a day. 27th: The bladder has been washed out twice daily since the last note, with a solution of salicylic acid. The urine is now passed in large quantities naturally. The cystitis is quite disappeared. The patient expresses himself as quite well.

**Bone Degeneration in the Insane.**

In the Section of Psychology at the late meeting of the British Medical Association (*Brit. Med. Jour.*, September 29, 1883), Dr. Joseph Wiglesworth read a paper on this subject, which concludes as follows:

"As before mentioned, the number of cases included in this communication being small, the induction reached can only be an imperfect one; nevertheless, for the purposes of discussion, it is advisable that certain conclusions should be drawn, which may be thus formulated:

"1. The ribs of lunatics are perfectly healthy in a minority of cases.

"2. The majority present some slight degree of change, which consists in a slight thinning of the external layer of compact bone, and slight enlargement of the Haversian canals; but that these changes are in general merely trivial, and to be correlated with the general failure of nutrition so common in insanity, or with the presence of a wasting disease such as phthisis, or with the advent of old age, or it may be with a combination of all of these; these cases possess, therefore, a general, not a local significance.

"3. In a minority of cases, provisionally estimated at ten per cent., clear and precise lesions are found, produced by considerable internal absorption, which renders the bone very porous and brittle, and brings it under the category of the condition known as osteoporosis. The proportion of cases in which this affection occurs being thus considered to be much higher amongst insane than amongst sane individuals, it would appear to have some causal connection with insanity, of the nature of which we are as yet ignorant."

#### A Peculiar Form of General Atrophy Following Diphtheria.

The *London Med. Record*, August 15, 1883, says that Dr. A. Cahn relates (*Centralbl. für die Med. Wiss.*, June 23), the following case from the practice of Dr. Kussmaul:

A boy, aged 14, in consequence of diphtheria, became the subject of paralysis of the palate and pharynx, extending to the lower segment of the oesophagus. The patient complained of severe sense of pressure at the lower end of the sternum after swallowing, the food being regurgitated in from two to four minutes, mixed with a tenacious mucus. The appetite was good and digestion performed, so that disease of the stomach was excluded; but, despite the taking of a reasonable amount of nutritious food, and the gradual improvement of the oesophageal paralysis, the patient lost strength and became emaciated to a skeleton. The pulse was 88 and feeble; the skin was dry and desquamating; electrical excitability of the muscles was normal; the knee-phenomena were absent for a time on the left side, but returned; the reflex action of the cremaster and of the feet was strongly manifested; the action of the bowels was regular; the quantity and quality of the urine were normal, and in proportion to the amount of food taken. The patient being kept in bed for eight days gained weight, from 22.12 to 30.12 kilogrammes (= about 30 lbs. Eng. increase in weight); on leaving his bed, and moving about, his weight speedily again fell to 26 kilogrammes,

and then gradually, especially after a slight attack of rubella, with three days' fever, rose to its former standard.

Kussmaul regarded this disturbance of the nutritive and assimilative functions as analogous to the motor and vaso-motor paralysis often seen after diphtheria.

#### Primary Tubercular Arthritis.

Dr. F. Arnaud thus concludes a paper on this subject in the *Rev. de Chirurgie*, July, 1883:

1. Tuberculosis of the synovial membranes is primary and independent of osseous lesions, or secondary (osteo-arthritis), and consecutive to the development of tubercles of the epiphyses.

2. Primitive tuberculation, with which we are now concerned, is manifested in the synovial membrane under the two anatomical forms of grayish granulations, and microscopic elementary tubercle. This elementary tubercle always accompanies the granulation, but it may exist alone, independent of any tubercular lesion visible to the eye.

3. Synovial tubercles have been found and studied in fungous tissue, but may be observed in the absence of any fungous alterations, and also in the fistulous tracts in the walls of periarticular abscesses, especially where the new growth has developed by a true inoculation.

4. The tuberculous nature of chronic arthritis may easily pass unperceived unless microscopic examination be made. It is important in all cases of arthritis, with or without osseous lesions, to make a complete anatomical and histological examination of the synovial membrane and of the periarticular tissue.

5. We believe that ultimate researches will demonstrate the tuberculous nature of a certain number of white tumors of the soft parts, of fungous or non-fungous chronic arthritis, hitherto attributed to scrofula, rheumatism, and unknown causes.

#### Deformity of Femur after Fracture—Forcible Straightening.

When we call to mind how often the surgeon is chagrined at the deformity which has resulted from a fractured femur in spite of all his care, we will derive a ray of comfort from the case reported in the *Medical Press and Circular*, September 12, 1883, by Mr. William Berry.

The patient, aged 26, returned to work four months after the accident with a comparatively straight limb. He says that it gradually bent, and got weaker. On examination a large amount of callus was found around the seat of

fracture; there was two and a half inches of shortening, and the bone seemed firmly united at an obtuse angle. On the 14th of December, 1882, osteotomy was proposed, and the patient was placed under chloroform. Before operating, however, it was considered advisable to try the effect of forcible pressure. After applying a great amount of pressure, it was found to have straightened somewhat. A long splint was then applied, and a piece of gutta-percha moulded over the seat of fracture was firmly bound on. This treatment caused absorption of some of the callus, and resulted in the straightening of the limb after an application of four weeks. The patient was discharged on January 17, 1883, with the limb considerably straighter and a trifling amount of shortening. Three months afterwards he was seen, and the union was found to be quite firm, the leg straight, and the man walking with very little lameness, and shortly after this he recommenced his ordinary work.

#### The Treatment of Acute Bronchitis.

With the view of promoting free secretion from the bronchial mucous membrane, Dr. Main (*Glasgow Med. Jour.*, September, 1883,) has found nothing more useful, both for adults and children, than the following:

R.	Potass. bicarb.,	3 ij.
	Tr. hyoscy.,	ijj.-3 iv.
	Spt. eth. nitrosi,	ss.
	Spt. chlorof.,	ijj.-3 ij.
M.	Aq. ad.	3 xij.

M.

And,

R.	Acidi citrici,	3 ij.-3 ij.
	Aq. ad.	3 vj.

M. Sig.—Two tablespoonfuls of the former mixture to be taken with one of the latter during effervescence every three or four hours (for an adult).

If the secretion be profuse and the heart's action weak, he has often found the following mixture useful:

R.	Acidi nitrici dil.,	3 ij.
	Tr. bellad.,	3 ij.
	Spt. chloroformi,	3 ij.
	Aq. ad.	3 xij.

M. Sig.—Two tablespoonfuls every four hours (for an adult).

"In dealing with children, it is well to bear in mind that, if the amount of secretion be excessive and embarrassing the breathing, a timely stimulating emetic, such as carbonate of ammonia, or mustard, often proves invaluable. This now brings us to the stage approaching convalescence, in which such drugs as quinine, vegetable bitters,

steel, nux vomica, and the dilute mineral acids, all have their uses; and when convalescence has become established, I am of opinion that if we can get our patient persuaded to take cod-liver oil for a month or two, it has the effect of preventing a fresh attack."

#### Knee Hæmarthrosis.

Since such conditions must be very common, it is well to call attention to the practical paper on this subject read before the last meeting of the Brit. Med. Ass., by Dr. John Fagan (*Brit. Med. Jour.*, September 22, 1883). Its distinctive characteristics as compared with synovitis are these:

HÆMARTHROSIS.	SYNOVITIS.
Swelling rapidly follow-	Swelling after a varying
ing injury.	interval.
No heat; little, if any.	Heat and pain.
pain.	
Joint can be moved.	Joint usually fixed.
Absence of fever.	Fever more or less.
Swelling does not sub-	Swelling subsides under
side under ordinary	appropriate treatment
treatment, or does so	
only to a moderate	
extent.	

Dr. F. has so far treated fifteen cases by aspiration. He punctures the joint with the large needle of the aspirator, a little above and to the outer or inner side of the patella, whichever is the more prominent; the needle is then directed obliquely under the patella. After the fluid is completely removed, he places a small piece of lint, saturated in friar's balsam, over the puncture, puts a bandage firmly round the joint, places the limb on a back-splint, and applies ice bags. If the swelling does not entirely subside in a few days, he punctures again, and, unless some complication occurs, the joint is usually restored to its normal condition within two or three weeks.

#### Removal of the Thyroid Gland.

Some curious after-effects of this operation have been observed by Prof. J. L. and Dr. A. Reverdin, who have published an account of twenty-two operations in the *Revue Médicale de la Suisse Romande* (1883, Nos. 4, 5, 6). In five of the cases, after some months, there ensued weakness and coldness of the limbs, loss of appetite, slowness of speech, diminution of the memory and progressive anaemia, accompanied, in two cases, by a peculiar oedema, most marked in the face, and very like that which occurs in myxoedema. These symptoms partially disappeared after about

three years. They occurred only after total removal, and are due, according to the authors, to a lesion of the vaso-motor nerves and a mucoid infiltration of certain tissues. While these serious conditions must be considered in the prognosis, yet the authors hold that the operation ought to be performed when there are symptoms of imminent danger, such as attacks of suffocation, and also in cases of retro-sternal or rapidly-growing goitre, when the ordinary treatment has proved useless.

#### A New Treatment for Glaucoma.

The *Lancet*, June, 1883, says:

From a review of the thesis in *L'Union Médicale*, we learn that M. Troussseau, *ancien interne des hôpitaux*, has arrived at certain conclusions with regard to the value of what is believed to be a new method of treating glaucoma. The method consists in stretching the external nasal nerve. The details are not mentioned, but it would appear to be a measure of very simple sort, and of innocent application. It is believed that it may succeed when iridectomy and sclerotomy have failed. The prodromal stage is not too early for its application, and the necessity of having recourse to the gravest measures may be prevented. Other sensory nerves of the orbit ought to be tried if elongation of the external nasal fail. The above conclusions were drawn from the results of ten observations. Allowing the truth of the assertions, the explanation would be of as doubtful a nature as the *rationale* of the nerve-stretching in locomotor ataxy. We may truly say *Ignotum per ignotius*.

#### Amputation of Both Upper Arms—Surgical Scarlet Fever—Recovery.

Mr. Godlee reports (*Med. Times and Gaz.*, September 29, 1883), the case of a man in whom both arms were amputated by a locomotive:

The interesting points in this case are—first, the small amount of shock and the rapid recovery, considering the severity of the injury; secondly, the difficulty of understanding how it was possible for the man to suffer amputation of both arms above the middle without at the same time sustaining any injury to the head; and, thirdly, the fact that, although the stumps remained typically aseptic, he suffered from a well-marked attack of what is known as surgical scarlet fever. After the stumps were healed, he was provided with two artificial arms, with both of which, when last seen, he could execute a considerable variety of movements.

#### Carbolized Sawdust as an Antiseptic Dressing.

Dr. H. P. Symonds recommends it in the *Lancet*, September 22, 1883. He prepares it by soaking saw-dust in a 1-10 solution of absolute phenol and spirit of wine, he then allows it to dry slightly so that the spirit may evaporate, leaving the saw-dust charged with carbolic acid. When used, it is enclosed in a bag made of several layers of gauze, and applied outside the deep dressing, the usual external dressing being put over it. Its absorbent power is very great, and it keeps up an equable pressure on the divided tissues. The three points in its favor are its powerful antiseptic qualities when saturated with carbolic acid, its great absorbent power, and its adaptability to any surface. The sawdust should be coarse, as if it is very fine it passes through the gauze and irritates the skin.

#### Diphtheritic Infection Through an Ear-ring.

In the *N. Y. Med. Jour.*, July 28, 1883, Dr. A. Jacobi related the history of a case illustrating the conveyance of contagium of diphtheria by means of an ear-ring. The patient, a little girl, seven years of age, had been removed from home during the course of her sister's fatal illness, and had returned on the day of the funeral. The earrings which the deceased child had worn had been superficially cleansed, and given to the sister to wear two days later. Shortly after, one of the ear-ring holes became inflamed, and the next day the lobule of the ear was covered with a white deposit; soon after, a previously-existing blistered surface behind the other ear had a diphtheritic membrane formed on it, and a day later diphtheria of the pharynx was developed.

#### Unusual Complications of Pneumonia.

In the *Brit. Med. Jour.*, August 25, 1883, Dr. Sidney Thorp writes:

I have had several cases of pneumonia during the last two months. Two at least out of them terminated fatally. One was a man, a laborer, aged fifty, who, on the fifth day of the attack, had his case complicated with inflammation of the submaxillary glands on both sides. They were frightfully swollen in twenty-four hours. I could not account for it, and I should be very glad to be enlightened on the subject. I should like to know if this is not very unusual in pneumonia. The second case was a butcher's boy, aged 15, not a very strong lad. This case terminated in gangrene of the lung on the seventh day. He was actively employed at his work up to the time of

the attack, and did it cheerfully, but I believe his spirits were greater than his physical strength.

#### Frequency of Mental Depression in General Paralysis of the Insane.

The *London Med. Record*, July 15, 1883, says:

Struck with the comparative rarity of mental exaltation and grandiose delusions in the cases of general paralysis coming under his notice at Vaucluse Asylum, Dr. Camuset gives, in the *Annales Médico-Psychologiques* for May, 1883, the result of a careful study of all such cases among the male patients of that asylum from January, 1882 to January, 1883. The number of cases tabulated is 173. The mental condition was one of simple dementia in 44 cases; it was characterized by depression in 81 cases, and by exaltation in only 39 cases. Nine cases are unclassified, as they were either very rapid and acute, or presented varying symptoms.

#### Effects Upon Local Temperature of Nerve-Stretching.

The *Med. Record*, July 21, 1883, tells us that Dr. Redard has determined, from experiments upon dogs and rabbits, that the temperature of a leg falls 1° to 2° C. immediately upon stretching the sciatic nerve. Exceptionally there is at first a slight rise, followed speedily by a lowering of the heat of the part. It is worthy of note that the temperature of the opposite leg also falls slightly, a fact which would go to show that nerve-stretching exerts some influence upon the central nervous system. The temperature of the sound side rises to the normal in a few days, while that of the other side requires months for its restoration.—*Centralbl. für Chirurgie*, April 21, 1883.

#### Artificial Impregnation.

With nothing to gain to science, and with the danger of establishing an excuse for immorality, if successful, some men have been trying off and on to artificially impregnate women. Taking advantage of this fact, a physician in Bordeaux advertised that he could cure sterility in either sex. A childless couple secured his services; he not only did not succeed in impregnating the woman, but he caused some pelvic trouble, which in turn caused his patients to refuse him the agreed-upon fee. He took the matter to court, claiming that he had impregnated the woman, and that she had wilfully produced an abortion on herself. The court not only disallowed his claim, but very justly condemned the operation and the operator.

#### Tracheotomy for the Extraction of a Tooth from the Left Bronchus.

Dr. Robert F. Weir reports (*New York Medical Journal*, October 13, 1883), the case of a young woman who was having a tooth extracted under ether, when it slipped from the forceps and was drawn into the left bronchus. Its location could be determined. After etherization, she was turned head downwards, but this failed to dislodge the tooth. Tracheotomy was then performed, and a pair of dressing forceps, bent at four inches from its end to an obtuse angle, was introduced, but the tooth could not be grasped. A long untwisted loop of slender silver wire was passed down until by good luck it came in contact with the tooth, the forceps passed over it, caused it to take hold, and the tooth was removed. Rapid recovery ensued.

#### Malarial Laryngitis.

In *Rev. Med. Franc. et Etrang.*, Dr. E. Briand concludes that:

1. There exists a form of laryngitis due to malaria, characterized by congestion of the larynx, giving rise, from a symptomatic point of view, to the functional signs of true croup.
2. This variety of laryngitis differs from laryngismus stridulus by the symptoms, course, and prognosis, and generally yields to treatment by sulphate of quinine.
3. It is not very rare in infants, and may be recognized by the fact that it is preceded or followed by malarial manifestations.

#### Syphilitic Fever.

A valuable case is that reported by Dr. Duflocq in *La France Med.*, August 30, 1883, where a young man, twenty-five years of age, exhibited all the symptoms of typhoid fever. The great extent of the eruption excited suspicion, and a further examination revealed a cicatrix resting upon an indurated base on the glans penis, with enlarged inguinal glands. Under anti-syphilitic treatment he recovered in about two weeks. The early appearance of the eruption (third or fourth day), and its abundance, are valuable diagnostic signs in the differentiation of syphilitic from typhoid fever.

#### The Use of Antimony in Skin Diseases.

In the course of a paper on this subject read before the late meeting of the British Medical Association, Dr. Malcolm Morris (*Brit. Med. Jour.*, September 22, 1883,) says that tartar emetic, in doses of  $\frac{1}{4}$  to  $\frac{1}{2}$  of a grain, according to age,

can not only be tolerated, but it seems to have a decided tonic action, and that in those acute forms of skin disease that are usually aggravated by arsenic, such as eczema, erythema, prurigo, syco-sis, urticaria, and psoriasis, it will prove useful.

#### Laryngeal Stenosis after Measles.

A child aged four years was suffering from great dyspnoea and alarming convulsions. The trouble commenced after an attack of measles, at six months, with hoarseness, followed latterly by aphonia and dyspnoea. The dyspnoea was so urgent that tracheotomy was performed, from which the child made an uninterrupted recovery, though it has yet to be decided whether any further operation is needed to remove the permanent laryngeal obstruction. Dr. G. Hunter Mackenzie reports this case in the *Edinburgh Med. Jour.*, October, 1883.

#### Iodoform in Fissure of the Anus.

In connection with the recommendation of this drug by Dr. Thomas Hay (Vol. xlviii., p. 399), our readers will be interested to learn that Dr. Alexander R. Beeker has used it in the form of suppositories (*Boston Med. and Surg. Jour.*, October 11, 1883,) with marked benefit, but, although the patient had only used sixteen grains in six days, marked toxic symptoms set in. There was great sleepiness, severe headache, and an excessively bitter taste in the mouth. After much sleep and a gentle aperient, she recovered entirely.

#### Arsenical Poisoning.

It is reported from Washington that the lady clerks employed in the Treasury to count the bank-notes are frequently poisoned by the arsenic contained in the paper; sores break out on their hands, and where the face is touched with the fingers similar sores appear. The report recites the various measures that have been, without avail, instituted to prevent this poisoning; but among them we fail to note the simple and effectual one of excluding arsenic from the manufacture of the paper.

#### Undetected Cancer of the Stomach.

As evidencing how insidious may be the course of this disease, two cases reported in the *Lancet*, September 29, 1883, by Dr. J. B. Pike, are interesting. In the one the only noticeable symptom was occasional colic, while in the other (a bed-ridden woman aged 84,) easily-checked diarrhoea was the only symptom. In both cases the appetite and digestion were good. In both cases the

post mortem revealed extensive scirrhus of the stomach.

#### Sarcoma in the Common Fowl.

Dr. G. Parker reports (*Brit. Med. Jour.*, September 1, 1883,) a case of sarcoma occurring round the margin of the left eye in a common fowl, forming a thick, prominent fleshy ring. Upon microscopical examination, it consisted almost entirely of small, round cells, with some spindle-shaped ones, the latter possessing more than one nucleus, and forming an infiltrating mass between the layers of subcutaneous tissue.

#### Ether in Typhoid Fever.

A French physician considers hypodermic injections of ether very valuable in the adynamic forms of the disease. He reports five cases so treated. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

#### Laville's Gout Mixture.

An analysis of this medicine was published in a recent number of the Berlin *Industrie Blätter* as follows:

	Grammes.
Quinine . . . . .	0.5
Cinchonine . . . . .	0.6
Colocynthine . . . . .	0.25
Lime salts . . . . .	0.49
Coloring matter . . . . .	0.3
Alcohol . . . . .	10.0
Water . . . . .	8.5
Port wine . . . . .	80.0

#### Arterio-venous Aneurism of the Posterior Auricular Artery.

In the *North Carolina Med. Jour.*, June 1, 1883, Dr. Frank Duffy reports a case in which a partial cure was effected by ligation of the common carotid. There is still a small fluid portion with a little pulsation, which will require another operation for its entire cure.

#### External Otorrhœa.

The following solution has been highly recommended in cases of long-continued otorrhœa due to external otitis:

R. Acid. salicylic,	3 ss.
Sp. vini rect.,	} $\frac{1}{2}$ ss.
Aqua destill.,	} $\frac{1}{2}$ ss.
M. Two injections daily.	

**Neuralgia Treated by the Tuning-fork.**

Dr. Rasori applies the tuning-fork, while vibrating, over the course of the painful nerve. The sitting usually lasts about half an hour, and the patient is generally relieved without further treatment. He records his method in the *Cinn. Lan. and Clin.*

**Sulpho-Carbonate of Soda for Bee-stings.**

Dr. Thomas Edwards, in the *Lancet*, September 22, 1883, says that in a case of great swelling of the face from the sting of a bee he gave fifteen grains of this drug in an ounce of water every four hours, with most gratifying results..

**The Treatment of Goitre.**

In an article on the subject, in the *Edinburgh Med. Jour.*, July, 1883, Mr. A. T. Sloan says that those who have submitted to it, have been much benefited by painting the swelling with iodine and the use of iodide of potassium internally.

**Poisoning by Internal Use of Chloroform.**

Dr. J. Friedman reports three cases in the *St. Louis Courier of Med.*, September, 1883. In two cases he found the patients in convulsions, which were controlled by the hypodermic injection of morphia. In the third case the quantity taken was less, and there were no convulsions. All recovered.

**Nitrogen Inhalations.**

Dr. G. T. Gatchkovsky (*Vrach Vedom*, 1882, No. 538) makes his patients with certain pulmonary diseases (chronic bronchitis, etc.,) inhale a mixture of nitrogen gas and air from a special apparatus, from ten to twenty minutes daily, three or four successive weeks.

**Carbolic Acid in Diarrhoea.**

A correspondent of the *Brit. Med. Jour.*, August 18, 1883, recommends it very highly. He gives it in half-minim doses combined with bismuth and aromatic confection in the vomiting and diarrhoea of children. In adults, he uses it in minim doses.

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**CORRESPONDENCE.**

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**Reply to a "Just Criticism."**

EDS. MED. AND SURG. REPORTER:—

In a recent issue of your valuable journal there appears a letter headed "A Just Criticism." Permit me to briefly animadvert upon the subject matter of the same. The writer enters his com-

plaint to the effect that physicians "seem so indifferent to imparting the information gained by experience and observation." While I am not disposed to rush to the defence of physicians of "experience" against this charge of dereliction of duty, yet I shall aim to set forth a few reasons for their apathy in this particular, and then suggest a practical method to meet the desire of Dr. Reese.

1. Physicians of experience have won their laurels by close attention to the demands of their calling, have scaled the heights after arduous and often unrequited toil. Thus they have acquired a store-house of information concerning disease in its varied phases. This is their legitimate property, and they are under no obligations to part with it unless sufficiently compensated therefor. There is no profession or business that offers to its members better facilities to master its details than are afforded to medical men. Colleges devoted to teaching the "healing art" are numerous, and competent instructors occupy the several chairs. The lectures delivered each year summarize the advanced state of medical science, and are intended not only for the student, but are at the disposal of the profession at large. Every well-regulated medical journal gives a synopsis of these lectures for the benefit of its readers, and in the editorial columns will be found subjects of a pertinent and striking nature ably handled.

2. Physicians who occupy the front rank are generally of the most modest class. They are apt to put too low an estimate upon their gleanings, and hence are slow to burthen medical journals with what they regard as common-place and unworthy of special concern. There is another class however, who are too selfish or "high-toned," and like a miser with his gold, they will permit no one to share with them the fruitage of their labors. Hence, with some worthy exceptions, we have had to depend for "reports of cases" upon those impulsive individuals who are too prone to cry "Eureka," or who are fond of seeing their names in the medical journal.

3. The remedy is partially comprehended in No. 1. But there are other points in this connection necessary to complete the chain. Every physician should aim to study the diseases within the circuit of his practice, for it is well known that disease, while possessing the pathognomonic or characteristic symptoms, manifests varied phenomena in the localities it invades. The change may be slight, but is frequently so marked that an "experienced" physician of another section may fail to prescribe a suitable remedy. For this reason the "country practitioner" should not depend to too great an extent upon the erudition and superior skill of the "city doctor," or other physicians of note. Apropos to this, I will say that every "busy practitioner" should keep a record of all the cases he treats, including the remedies he prescribes; he should also note down in a convenient place recipes that have withstood the crucial test of experience and not been found wanting.

Finally, I would suggest that editors of medical journals send out occasionally medical reporters for the purpose of interviewing eminent physicians, and thereby obtain for publication their views of the pathology and experience in the

treatment of diseases prevalent in the country, to the extent of their desire to impart information. In this way many valuable and practical "helps" can be obtained and afterwards utilized by the less fortunate members of the profession.

S. STEVENSON, M. D.

New Bedford, Pu.

#### The Treatment of Vesical Catarrh.

EDS. MED. AND SURG. REPORTER:—

The *Medical News* of October 6, 1883, contains an editorial under the above heading, to which some exceptions can be taken by those who are neither captious nor hypercritical.

The writer says: "This being the unsatisfactory state of our therapeutics of this troublesome malady, any suggestion which promises to be efficient will, of course, be gladly received."

Although the writer of this may not so intend it, this apparently is the decision of desperation, and the patients who may be indiscriminately subjected to the treatment recommended, may find that they have escaped the dangers of Scylla only to fall into the clutches of Charybdis. According to this writer, there are three distinct forms of vesical catarrh:

1. That due to cold.
2. That resulting from extension of a gonorrhœal inflammation.

3. That caused by decomposing urine due to obstruction, and the introduction of decomposition bacteria, whether through unclean catheters or otherwise.

Referring to Drs. Boegehold and Edlefsen as authority, he says the first two forms of this disease are especially amenable to chlorate of potassium and the salicylate of sodium. Dr. Boegehold says of their use, that for certainty, promptness, and convenience, there is no equal.

The method of using these remedies in the case of cystitis due to cold, as well as that caused by extension of a gonorrhœal inflammation, is as follows: The chlorate of potassium is prepared in the strength of a five per cent. solution, and a tablespoonful taken internally every two hours; and if necessary, after the acute stage has subsided, a three per cent. solution may be injected into the bladder. In the meantime, the salicylate of sodium, either in the form of wafer or in solution, is given internally in doses of seven and one-half grains every two hours. Under this treatment it is said the acute symptoms will generally be found to have abated in the course of four or five days, but the remedy is to be continued for a week longer.

Notwithstanding the positive testimony of Drs. Boegehold and Edlefsen, this method of treatment should not be undertaken without a word of caution. In the first place, it is well known that paralysis of the motor ganglia of the heart occurs when salicylic acid in considerable doses is long continued, and that the damaged condition of the kidneys may prevent its elimination. This remedy, in large doses, is therefore contraindicated in diseases of the heart, the kidneys, and in chronic alcoholism. Again, Professor Bartholow has pointed out that the use of chlorate of potassium is not without danger, and that much mischief follows its indiscriminate administration by both the pro-

fession and the laity. He says: "The drug passes through the system unchanged and is not decomposed; that, diffusing readily into the blood, the red corpuscles are affected, and this fluid assumes a chocolate color, thus developing haematoxigenous jaundice." \* \* \* "The motor ganglia of the heart are poisoned, and in case of death ensuing, the heart is found to have ceased in diastole, the muscles being poisoned (Ringer and Murrell), but the less highly organized tissues do not seem to be so affected, and the muscles of the periphery do not suffer."

JOHN AULDE, M. D.

Philadelphia, October 11, 1883.

#### The Physical Condition of a Man about to be Hung.

EDS. MED. AND SURG. REPORTER:—

Yesterday an opportunity of making a physical examination of a man about to be executed for murder was afforded Drs. Myers, Dinnen, Porter, and myself. The examination was made just one hour previous to the execution, and the following observations were made:

L. McDonald, aged twenty-eight years, five feet nine inches in height, weight 196 pounds; apparently in perfect health to outward appearances, calm, collected, and indifferent to the awful fate awaiting him. On closer inspection, appeared to be in a kind of dazed condition, produced, no doubt, by horrible mental suffering. Muscular system tremulous and somewhat relaxed; pupils of eyes slightly dilated; efforts at swallowing repeated twice per minute; respirations, twenty-eight per minute; inspiration quick and spasmodic; expiration longer than inspiration; pulse 112, apparently full and bounding.

A tracing was taken (a duplicate of which is in my possession), with Pond's sphygmograph, which, while it showed the effects of the stimulant he was taking in the form of hot whisky punch, in other respects was identical with the tracing of a man suffering from the shock incident to a severe bodily injury. I do not think he was fully conscious of his surroundings. He obeyed our requests automatically. His stoicism remained to the last. Just prior to adjusting the noose, he was given an opportunity to speak. In a trembling voice, husky with emotion, he asked forgiveness. The trap was sprung, and his pulse was taken and announced each quarter minute by Dr. Myers. The third quarter of first minute it was twelve beats per fifteen seconds. It increased rapidly until the last quarter of the fifth minute, when it was thirty-eight per fifteen seconds. It now rapidly declined, or rather became indistinct, until the end of the seventh minute, when it could no longer be discerned. A stethoscope was now applied to the cardiac region and the heart's action noted. The eleventh minute it made 120 strokes—weak and irregular—and rapidly merged into an indistinct fluttering sound, which was maintained until the end of the fourteenth minute. At the end of the fifteenth minute, life was pronounced extinct, and the body was cut down. There was complete dislocation of the cervical vertebrae.

J. W. McCUSAULD, M. D.

Fort Wayne, Ind., Oct. 10, 1883.

**A Reliable Taenifuge.****EDS. MED. AND SURG. REPORTER:**—

In your issue of September, 1883, Dr. Johnson asks for a reliable taenicide. I would suggest that he try the capsules of male fern and kameela, prepared by Dundas Dick & Co. In my article published in the REPORTER, March 17, 1883, I report several cases, and Dr. Melsheimer, in the issue of April 21, 1883, reports another successful cure. Since then I have had occasion to administer the capsules in two cases, both with happy results.

In conclusion, may I be allowed to ask the doctor to report the result, either in your columns or by private communication?

STANLEY M. WARD, M. D.

*Ellenville, N. Y., October 8, 1883.***Diseases of Monkeys and of Men.****EDS. MED. AND SURG. REP.:**—

In your number for October 13, a communication by Dr. J. B. Sutton to the *Lancet* is noted as furnishing a "Weapon for the Opponents of the Popular Idea of Darwinism—*i. e.*, Our Descent from Monkeys." His points are thus stated:

- "1. The infrequency of tubercle.
- "2. The remarkable absence of tumors.
- "3. The absence of kidney disease of any description; while the great frequency of these diseases among human beings is well known."

Now, Messrs. Editors, please do not consider me hypercritical if I take the other side of the question, and insist that Dr. Sutton's conclusions, even if granted, do not really make against the doctrine of evolution. This doctrine or theory cannot yet be claimed to have been conclusively established; but to confute it, stronger arguments will be necessary than any possible shortcomings of the anthropoids in the matter of their diseases as compared with those of man.

It may well be assumed that diseases undergo evolution as well as the species of plants and animals. The refinements and luxuries of civilization, to say nothing of its vices, have produced many morbid processes which were probably quite unknown to man in his simple primitive state. The various races and nations of to-day differ widely as to the relative prevalence of certain maladies among them. To go no further, for example, every physician is familiar with the marked differences in this respect between the white and black races. Hence, if Dr. Sutton's observations disprove the alleged kinship between mankind and the anthropoids, they demonstrate an equally wide difference between the blacks and whites.

Let us examine Dr. Sutton's three points a little more in detail:

1. As to tubercle. We do not understand how the doctor has obtained any reliable vital statistics concerning the wild monkeys—those still in the woods. In their native haunts, leading, as they are supposed to do, a strictly out-door life, and generally in tropical climates, they ought *a priori* to enjoy a great immunity from all the serious pulmonary complaints. But there is a widely prevalent impression that in confinement these animals are very prone to die of tubercle.

2. There is no apparent reason why monkeys should be exempt from tumors, particularly as our ordinary domestic animals are not exempt from them. But then, the pathologists have not yet learned what causes tumors.

3. This is a very important point. Monkeys, with all their faults, are not usually addicted to the use of any kind of stimulants. Neither the American frying-pan nor any of the seductive devices of French cookery have yet been introduced among them. They do not regularly eat twice what their bodies require, and rely upon alcohol, hot spices, and other disturbing agents, to whip up their overtasked stomachs, livers, and kidneys. Why should they not have healthy kidneys?

Dr. Sutton's points are certainly interesting, and merit careful attention. They show that man, notwithstanding the possession of organs remarkably similar in structure to those of the higher animals, has developed *pari passu* with his intellectual and aesthetic faculties such intemperate and enervating habits that he has come to be plagued by a whole brood of destructive maladies peculiar to himself, which have, no doubt, resulted directly from his violations of nature's laws.

While these points, therefore, afford ample material for reflection, they do not seem to me to count very strongly against the theory of evolution.

BOARDMAN REED, M. D.  
*Atlantic City, N. J., October 21, 1883.***NEWS AND MISCELLANY.****Harvard Medical School.**

The celebration of the one hundredth anniversary of the foundation of the Harvard Medical School took place October 17 in Huntingdon Hall, Institute of Technology. In the rear of the platform, heavily draped with maroon, was the portrait of Dr. Oliver Wendell Holmes, and beneath it a marble bust of Professor Henry J. Bigelow, both gifts to the school, the presentation of which formed part of the order of ceremonies. On the platform were seated President Eliot, Francis A. Walker, president of the Institute of Technology, nearly all the members of the Faculty of the University and Medical School, Colonel Henry Lee, Mayor Palmer, and others. Addresses were made by the president and Dr. Oliver Wendell Holmes.

Dr Holmes, in the course of his speech illustrating the microscopic facilities of the school, said: "A man five feet high, enlarged to correspond with the microscopic power used, would be a mile high; would weigh one hundred and twenty billion pounds, and could pick up the State House and chuck it into the sea, cleaning out that ancient structure by a summary process (shouts of laughter), which would put to shame the exploits of Commodus and his kind." Next the dissecting room was considered, and in reply to Governor Butler's recent attacks Dr. Holmes said: "It is easy always to excite the odium of the ignorant against dissection, but in view of its great value to mankind the intelligent should always defend it against appeals to ignorance and passion, espe-

cially against such inflammatory appeals as lead to well-grounded apprehension of noonday mobs and midnight incendiaries. In the face of all peccadilloes and idle slanders, the difficult and delicate duties of the several demonstrators have always been discreetly and humanely fulfilled, and the record of the school is most honorable both to them and to the classes they have instructed. Let us remember, amid the false and foolish stories to which we are compelled to listen, that for every lifeless body dissected at the Harvard Medical School, hundreds, if not thousands, have been saved from extreme anguish, and many from premature death, as a result of that dissection. Human remains preserved in every way calculated to illustrate scientific discoveries are in the museum of the school. Some tanned skins were there, but I have not seen them lately. Perhaps the cases may have been left open when unscrupulous strangers were strolling through the building. [Great laughter.] It may even have happened that some poor man whose leg was amputated may have given leave that the skin taken from it should be tanned, in consideration of the promise of a wallet or perhaps a slipper for his remaining foot. At all events, the museum is one of great value to science, and is an attraction to all scientific visitors. Let us take heed lest, the passion of the ignorant once aroused, it may share the fate that once befell the incomparable libraries of Alexandria."

#### The Aetiology and Transit of Cholera.

In the course of a paper entitled "Asiatic Cholera and its Invasions of Europe," by Dr. C. A. Cameron (*Dublin Jour. Med. Sci.*, August, 1883), the following occurs:

There is strong proof adduced by Dr. C. Mac-Namara, in his valuable work on Cholera (London, Churchill, 1870), that cholera is endemic not only in the valley of the Ganges, but also throughout a large portion of the Presidency of Bombay and Madras, and that it is probably endemic in nearly all the Indian seaboard cities. The strongholds of the disease are the cities of Dacca and Calcutta. The disease declines northwest from an imaginary line drawn northeast through Saugor, Allahabad, and Gorakhpore, to the foot of the Himalayas, and increases to the eastward of this line. It is not endemic in the Punjab, Rajputana, or Sind. The evidence collected by the Cholera Congress at Constantinople appears to prove that cholera is not endemic in Persia or Arabia; nor does it appear to have an abiding place in China or Central Asia. It is not likely, therefore, that it is endemic anywhere out of India.

Cholera has rarely appeared in any part of the world distant from India without having made its presence felt in the intervening regions. No doubt in two or three instances the disease has broken out under circumstances which appeared to indicate a sporadic origin; but in nearly all those very exceptional cases it was not found impossible to account for its occurrence. An outbreak happened in Syria in 1875, at a time when the nearest point at which cholera existed was Western India; how the disease was introduced was not ascertained. In 1873 cholera appeared, apparently sporadically, in New Orleans. Inquir-

ies were made, the results of which appeared to show that no ship from a cholera-infected port or country had come into New Orleans that year. Subsequent investigations, undertaken by a Commission appointed by the United States Government, led to the conclusion that quarantine regulations were so lax that it was quite possible for a ship to have been admitted with cholera virus on board.

It would not be difficult to trace every extensive outbreak of cholera which occurred during the epidemics of the present century in Great Britain and Ireland to contagion imported from abroad. All the local outbreaks in Ireland during the epidemic of 1849 were traced to the English foci—namely, Liverpool, Sheffield, and Cardiff. I have shown that in 1830-32 a chain of cholera-links connected Scandinavia with India. A careful study of the history of cholera epidemics must convince every unprejudiced inquirer that India is the native *habitat* of cholera, and that it never originates in any other country. It will be seen, too, that the disease has never traveled from the East faster than man has travelled.

#### New Suture Carrier.

An ingenious instrument known as "Goetz's Suture Instrument with Endless Thread," has recently been offered to the profession by the house of John Reynards & Co., New York. It is shown in the adjacent cut:



This instrument combines in one, needle, needle-holder, ligature thread and disinfectant. It consists of a hollow cylindric part A D, holding at the end D a reel, upon which silk is wound, and to which at C the cap B is to be screwed. The hinge at C facilitates filling of the cap B with carbolicized oil or any other disinfectant, whilst the part D of A D is in the cap. At C there is a washer which prevents leakage. The spool D is readily removable from its encasement for winding silk upon it whenever the supply has been exhausted. Through C there is a perforation by which the silk passes out of A D and directly to the eye of the needle, which is near its point (in this respect the figure is incorrect—it appearing as though the needle was hollow, which is not the case). A straight and curved needle go with the instrument, either of

which can be attached straight forward or at right angles with the same. It can be readily seen how, after once threading, this troublesome manipulation need not be repeated, regardless of the num-

ber of sutures to be made, as long as the supply of silk holds out, which, when the spool is fully charged, is sufficient for several large operations.

#### The Wholesale Druggists in Session.

The National Association of Wholesale Druggists began its ninth annual meeting at Delmonico's October 17; Horace Benton, of Cleveland, presiding. About three hundred members were present. The following officers for the ensuing year were elected:

*President*—W. A. Gellaly, New York.

*Vice-Presidents*—W. B. Blanding (Providence), John McKesson, jr. (New York), J. J. Thompson, Arthur Peter (Louisville), F. W. Schulte.

*Secretary*—A. B. Merriam, Cincinnati.

*Treasurer*—S. M. Strong, Cleveland.

*Board of Control*—John Burdals, Cincinnati; A. A. Mellier, St. Louis; Louis T. Lazelle, J. W. Rankin, Atlanta, Ga.; E. Waldo Cutter, Cincinnati.

The annual address was read by President Benton.

#### A Canadian Sanitary Association.

A sanitary association, based upon the lines of the American Public Health Association, has been formed in Canada by representative men from all parts of the Dominion. The object of the association is to consider all sanitary questions, strengthening the hands of local and provincial boards of health, and bringing to the notice of Parliament sanitary matters needing reform. The first discussion-meeting is to be held at Montreal, at the same time as the British Association meeting.

#### Items.

—A new medical college in Cincinnati has been organized under the title of the Medical University of Ohio.

—The Emperor of Russia has ordered a hospital to be opened in St. Petersburg for diphtheria patients, where the homopathic treatment only will be adopted. A matron and eight nurses have been sent by the Red Cross Society.

—"I understood you to say that your charges would be light," complained a patient when his doctor handed him a tremendous bill. "I believe I said my fees would be nominal," was the reply; "but—" "Oh, I see," interrupted the patient, "phe-nomenal!"

—We have reason to believe (says the *British Medical Journal*, September 29, 1883,) that a medical congress will be held at St. Petersburg next October for the purpose of discussing all matters connected with cholera. MM. Charcot and Pasteur and other European authorities are said to have promised to be present.

—All the European powers have signified their adhesion to the proposal of the Italian Government to summon a conference at Rome, with the object of making sanitary regulations, and drawing up an international sanitary code. Signor Mancini, Minister for Foreign Affairs, will shortly address a circular to the Powers on the subject.

—In the Obstetric Hospital of Milan, Professor

Porro has just performed, for the fourth time, the now well-known modification of Cesarean section which bears his name. The *Gazetta degli Ospitali* states that the operation, which was undertaken at the ninth month in a rickety woman, only lasted twenty minutes. The mother was progressing favorably at the end of a week.

—On Wednesday, October 17, Harvard Medical School celebrated its centennial anniversary and dedicated its new building. The celebration consisted in an address by the President of the University, an oration by Emeritus Professor Oliver Wendell Holmes, and the presentation of a portrait of Prof. Holmes and a bust of Prof. Henry J. Bigelow. Subsequently the new building was dedicated.

—A paper was read recently before the Tennessee Medical Society with the striking title, "A People Without Consumption, and Some Account of their Country." The country in question is the Cumberland plateau. The writer, Dr. Wright, has practiced in the region throughout a generation, and in his assertion of fact touching the entire absence of consumption, he is supported by the testimony of about twenty other physicians of standing.

#### MARRIAGES.

DAVIS—CRESSWELL.—In Petersburg, Pa., October 3, 1883, by the Rev. Preston Barr, assisted by the Rev. J. C. Barr, Sidney Davis, M. D., and Bertha Cresswell, both of Petersburg.

GRIFFITH—WATMOUGH.—In Washington, D. C., October 4, 1883, Dr. S. H. Griffith, U. S. Navy, and Ellen Cox, daughter of James H. Watmough, ex-Paymaster-General, U. S. Navy.

HENRY—FENDRICH.—At Columbia, Pa., October 2, 1883, by the Rev. Geo. Wells Ely, W. P. S. Henry, M. D., of Everett, Pa., and Mary E., youngest daughter of Mr. John Fendrich, Columbia.

KELLY—DETMOLD.—At the Church of the Holy Communion, on Thursday, October 4, 1883, by the Rev. Mr. Motte, Henry J. Kelly, M. D., and Anna M. Detmold, daughter of Dr. Detmold, all of New York.

LAWSON—Preston.—October 11, 1883, by the Rev. J. P. DuHamel, D. D., rector of the Church of the Beloved Disciple, Dr. Charles Edward Lawson, of New York, and Miss Maggie Preston, of this city.

MARTIN—HARDING.—In All Saints' Protestant Episcopal church, Paradise, Pa., September 27, 1883, by the Rev. James McA. Harding, E. M. Martin, M. D., and Margaretta McA. Harding, daughter of the officiating clergyman.

MILLER—HEDDEN.—At the Church of the Divine Paternity, New York city, on Thursday afternoon, October 11, 1883, by the Rev. Charles H. Eaton, Dr. Alonzo B. Miller and Sarah B., daughter of Robert M. Heden.

POWELL—WILLIAMS.—At the residence of the bride's parents, October 11, 1883, by the Rev. C. W. Bickley, Dr. William C. Powell, of Bryn Mawr, Pa., and Miss Mary K. Williams, of Cheltenham.

SHEPPARD—GOODELL.—In Philadelphia, September 19, 1883, by the Rev. E. D. G. Prime, D. D., Frederick C. Sheppard, M. D., and Abby D., eldest daughter of William Goodell, M. D.

ROCHELLE—BURGESS.—At the First Baptist church, Jackson, Tenn., Thursday, October 18, 1883, Dr. W. F. Rochelle and Alice E. Burgess.

#### DEATHS.

BLUMENTHAL.—In New York, on Thursday, October 11, 1883, Charles E. Blumenthal, M. D., LL. D.

LENTE.—At Cold Spring-on-Hudson, on Thursday, October 11, 1883, Dr. Frederick D. Lente, in the sixtieth year of his age.